CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

INSIDE OVER THE COUNTER MAGAZINE

20 September 1997

Pharmacy on brink of revolution, says Curphey

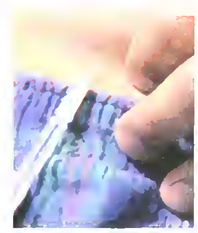
BPC 97 SCARBOROUGH

Dobson promises £$^1/_4$m for concordance study

RPSGB unveils strategy for the 21st century

Pharmacists fall for newspaper POM sting

Update: new ways to deal with diabetes



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NEW

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COMMENT

The strategy for 'Pharmacy in a New Age' has at last emerged out of the process of the past two years. It comes at a time when another Primary Care White Paper is being put together, and gives clear markers on the direction in which pharmacists want to move. RPSGB president Peter Curphey says there needs to be a "massive leap in thinking" by both pharmacists themselves and Government. He is right, but for pharmacists the ground has been prepared and the seeds of the new strategy sown. What is needed now is strong leadership to pursue the strategic intent, and a partner in Government to provide the framework. And that means recognising that contractors cannot provide their services only for professional satisfaction. In that context, this year's remuneration offer is a disappointing indicator. It is also worth looking at the subtext behind the strategy. Mandatory continuing education is coming. With four-fifths of pharmacists failing to meet the annual 30-hour requirement set out in the Code of Ethics, the stick rather than the carrot is likely to be wielded in future. Secondly, the question of pharmacist supervision is going to be reopened. Mr Curphey said as much this week, and he will find a sympathetic ally at the National Pharmaceutical Association. These points show that no one is going to be able to ignore the changes that will come. However, with its agenda in place, the Society is showing the kind of leadership that pharmacists have been crying out for over the years. And in the health secretary, Frank Dobson, it has found a man who seems to understand the arguments. Apart from contributing a generous £250,000 towards the Society's R&D programme, he was giving little away other than the familiar political platitudes. The Crown report is due next spring, and Mr Dobson has indicated sympathy for some of pharmacy's aspirations. There is a lot to play for over the next 12 months.

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by Miller Freeman plc, Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone 01732 364422
Telex 95132 MILFRE G
Fax 01732 361534
E-Mail chemdrug@dotpharmacy.com
Internet site http://www.dotpharmacy.com/

Subscriptions Home £121 per annum
Overseas & Eire £173 per annum including postage
£2.40 per copy (postage extra)

Circulation and subscription Royal Sovereign House, Beresford Street, London SE18 6BQ Tel 0181 855 7777

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The editorial photos used are courtesy of the suppliers whose products they feature.

Miller Freeman
A United News & Media publication

PPA

ABC Audit Bureau of Circulations
BUSINESS PRESS

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 248 No 6104 138th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

A massive leap

Pharmacy stands on the brink of a revolution, with medicines management the key to a new century of healthcare, according to Peter Curphey, president of the Royal Pharmaceutical Society

Mr Curphey, who opened the 134th British Pharmaceutical Conference in Scarborough this week, says there is a revolution in medicines, and pharmacists must be there to manage and deliver them to patients. But they need to tell patients and the Government that they have the ability, the skills, the knowledge, the ambition and the confidence to play their part.

To achieve this vision for the future there needs to be "a massive leap in thinking" among pharmacists and the Government, particularly the health secretary, health ministers and those in the Treasury.

"They [the Government] must give us a framework which ensures the pharmacist's contribution to health gain is adequately rewarded and that there are no features of remuneration systems which act as disincentives to the full exercise of the professional expertise of the pharmacist in providing the very best attainable pharmaceutical services to the public," he said.

Society president Peter Curphey

New thinking should incorporate a revised definition of pharmaceutical care, viz a practice in which the practitioner takes responsibility for meeting a patient's medicine-related needs.

While the new Government wants to end inappropriate competition in the internal market, Mr Curphey says Resale Price Maintenance is an example of a commercial setting which already competes internally on quality of service, rather than on price. Council's role is to create an environment which heeds the aspirations of pharmacists.

Coupled with this is the need for an interprofessional unity. Civil servants had referred to the 'turf wars' affecting the development of the NHS – the various health professionals jealously guarding their historical privileges and rights. However, these onlookers believe that, based on projections of health needs, the healthcare system, with its strict delineation of responsibilities, will not cope with demand.

Unity within pharmacy is also essential. "Sectoral differences must be reconciled and the ruling spirit be one of co-operation if we are to advance the future of the profession as we should."

Differences must be reconciled and the ruling spirit be one of co-operation

He outlined the key building blocks on which a sustainable future could be built. Firstly, it was necessary for the public to have convenient access to pharmaceutical advice. Pharmacists must also have access to the relevant information about patients, who must feel confident that their information remains confidential.

To ensure that effective quality assurance measures are incorporated in every pharmaceutical service the Society has to set high standards and the practitioner must have a commitment to lifelong learning. "If we as a profession do not accept that commitment through self-regulation – and that means a formal undertaking by every practitioner on an annual basis – then the requirement will be imposed by legislation," he warned.

Pharmacy work must also be evidence-based. To do this the profession must involve the patient in decisions on treatment and recognise them as full partners in the search for health gain.

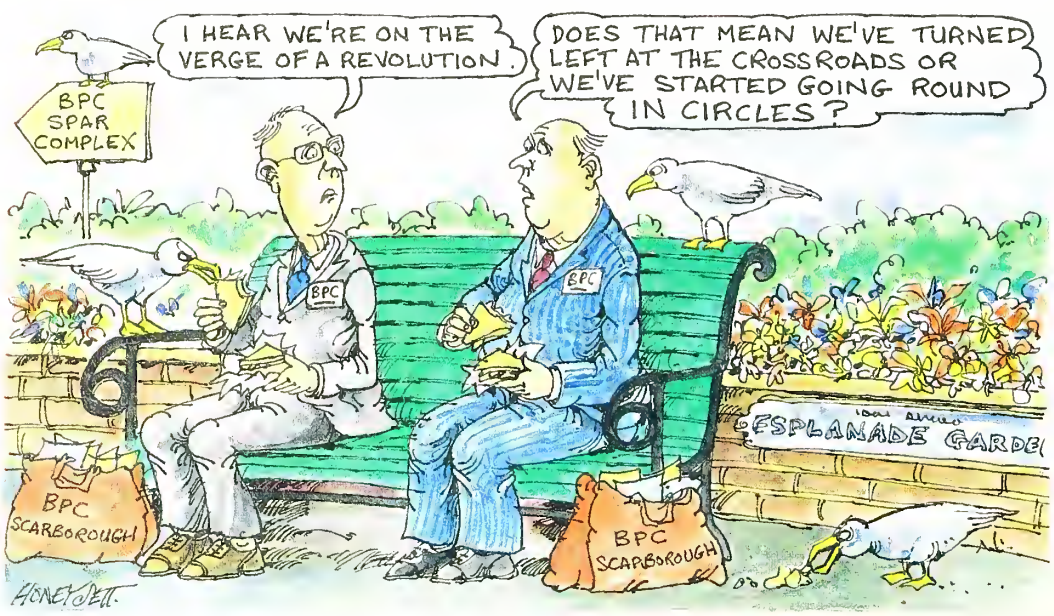
Changes within the Society (*C&D* September 6, p4) were considered vital if pharmacy is to have an effective professional body.

Following the Society's response to the Crown Review into prescribing (*C&D* September 13, pp4-5), Mr Curphey says the RPSGB has stressed that pharmacists have the necessary expertise to prescribe and supply medicinal products in many circumstances. "Why should pharmacists not be able to prescribe the same medicines within the NHS to eliminate or at least drastically reduce the current 30 per cent of general medical practitioner consultations that are for common ailments?" he asked.

He wants to see pharmacists directly involved in 'continuation prescribing', where, after an initial diagnosis and prescribing by another practitioner, the pharmacist would monitor the patient's progress, the efficacy or toxicity of medication, and prescribe or supply further quantities, checking dosage and, where necessary, referring the patient back to the medical practitioner.

Addressing concerns over where pharmacists will get the time and who will provide the resources, Mr Curphey said the profession would have to think of a sea change, similar to the kind of change that the medical profession underwent. This had included single-practice GPs relocating to group practices with support staff and appropriate resources.

"I am not advocating the same dramatic change in premises location for pharmacy, although undoubtedly financial encouragement for mergers in areas where there are currently too many pharmacies would provide both improved professional sat-



A future full of promises

isfaction and services," he said. "We must reconsider skill mix issues, decide on the quality of support staff pharmacists require to free them from tasks for which knowledge at the pharmacist's level is not necessary, and decide then how we define supervision."

This process has begun with self-medication by defining qualities staff needed to deal with requests for medicines. "Self-care, including self-medication, is likely to become an ever-more important part of pharmaceutical care and we will certainly be striving to ensure that pharmacies become the natural first port of call for advice on the treatment of common ailments. For that, we need the help of the Government in a sustainable campaign."

This could partly include a public health policy on the way in which medicines are presented to the public. Mr Curphey's feelings on this had been strengthened by the recent concerns over analgesics, terfenadine and vitamin B6. "I believe that if medicines are presented to the public as if they are no different from detergents or foods, then the public will treat them no differently and so with much less respect than they deserve."

This may be a particular problem with the young. "Is it not possible that an apparently casual treatment of potent substances has accelerated the 'swallow anything' mentality of drug abusers?" he said, and recommended that the minister for public health, Tessa Jowell, should ensure a public health policy on medicines is included in the anticipated White Paper on public health.

Whatever changes the future brings, pharmacists must be actively involved.

In a rallying cry, Mr Curphey told the profession to stop wasting time and stop listening to those who believe it is too difficult. "The message to the world must be of a profession bursting with pride and determination. Make sure you, all of us, are part of a 'can do' profession. Let's get out there and do it."

Health secretary Frank Dobson

Health secretary Frank Dobson is promising £250,000 towards a study into concordance to be conducted by the Royal Pharmaceutical Society. The money will go towards a three-year study, which follows on from the Society's 'From compliance to concordance' report. Mr Dobson made the announcement in his keynote address to delegates at the British Pharmaceutical Conference on Monday.

He was concerned at the figures in the Society's report, which showed half of the patients suffering from chronic diseases did not take their medication in fully-therapeutic doses. "Clearly something has to be done," he said, adding that up to now much of the focus had been on encouraging rational, cost-effective prescribing. He hoped other organisations, including drug companies, will also contribute to the cost of the research.

The announcement came as Mr Dobson explained the significance of the Review of Prescribing, Supply and Administration of Medicines being chaired by Dr June Crown. He repeated that he wished to see pharmacists extend their role. He called it "a scandal" not to get the most out of valuable resources, and wants to see maximum use made of the professional skills to bring maximum benefit to patients from the medicines they take. The taxpayer will also benefit.

We have to contain the NHS drugs bill – just as we have to contain all aspects of spending

"If you can reassure [patients], if you can encourage them to have the confidence to look after themselves and have confidence in your advice, that would be better for them and take the pressure off other parts of the NHS," he said. This process may be easier in the local proprietor-run shop, where it is simpler to provide the personal touch, but he wants to encourage the chains to see what they can contribute.

In particular, the role of community pharmacists fits in well with the Government's aim of having person-centred healthcare. This means delivering healthcare where people want it and how they want it. "And what could be closer to people's homes for many than their local community pharmacy?"

Next year's 50th anniversary of the NHS prompted Mr Dobson to say that it has to be modernised: "It's got to be able to exploit the opportunities provided by the rapid changes in medical technology, to deliver the benefits which can flow from possibly revolutionary changes in pharmaceutical products. It's got to make maximum use of information technology to collect, despatch, analyse and use data to provide better and quicker treatment to meet the needs of the 21st century."

But Mr Dobson said he owed it to the patients and to health professionals to make sure the NHS is modernised thoughtfully. "Nothing we propose will be introduced until it has been tried and tested in pilot schemes and the outcomes evaluated," he said. "I promise that you will never again be subjected to the half baked and untested reorganisations of recent times." Instead, the Government will test all its proposals for locality commissioning in a number of pilot schemes, rather than rushing into wholesale reorganisation.

The internal market is also making its way out, as it introduced perverse incentives to make delivery of appropriate and effective drug treatment more difficult. It has also focused attention on procedure based elective interventions, which meant that collaboration and co-operation were punished rather than rewarded. Mr Dobson said, "We need a system where treatments can continue uninterrupted across the boundary between primary and secondary care. A system where the overall benefits to the patient and cost-savings are taken into account. That's the only system which will allow you to arrive at your best professional judgments about effectiveness and cost-effectiveness."

Mr Dobson gave a strong warning to the pharmaceutical industry. Resources are scarce and times are tough. "The forthcoming negotiations on the Pharmaceutical Price Regulation Scheme will be tough. We have to contain the NHS drugs bill – just as we have to contain all other aspects of spending," he said.

As part of the Government's long-term commitment to modernising healthcare, it will also look at re-focusing attention on appropriate and effective prescribing. This will mean looking at the overall benefits, as well as the costs of drug treatment. "For that to happen the NHS will need more information that will call for a new and more informative approach from the drug companies," he said. "New drugs cost money. In the future, the NHS will be looking for further and better particulars about the effectiveness of drugs and their cost-effectiveness."

In addition, the NHS will want to know how best to target these drugs on the patients who will benefit most. "So the drug companies will have to be more forthcoming. They will have to provide objective evidence on the beneficial effects on particular types of patients and the extent of those effects," he concluded.

L to r: Society president Peter Curphey with health secretary Frank Dobson and RPSGB vice president Christine Glover

Pharmacists admit falling for *News of the World* sting

Pharmacists have been accused of selling prescription medicines 'under the counter' in a *News of the World* exposé last weekend.

Headlined 'We catch bent chemists making a killing', an undercover reporter claims to have obtained prescription drugs, including Prozac and Adifax, from two pharmacies in north London.

Piyush Patel of Dobber Chemists, West Green Road, Tottenham, who admits he sold coproxamol, dihydrocodeine and Valium to a man posing as a visitor from Gabon, told *C&D* he was set up for the story.

The man first visited the pharmacy on September 6 with a list of drugs written in French and sought advice. He rang back on a number of occasions during the week, saying he wanted medication for his sick mother.

Last Thursday, he re-appeared at the pharmacy in person, claiming he was about to return to Africa and begged to be sold the drugs. Mr Piyush's dispenser, Dan Mootoosamy, who was pictured in a long lens shot in the paper, sold him the medication.

Mr Patel says: "I realise with hindsight it should not have been done." He was persuaded into the sale, and points out "the money charged was not for profiteering". He is unaware of any reason why his business should have been picked, but expects to be hearing from the Royal Pharmaceutical Society. He advises others "to abide by the rules strictly, whatever the reason".

Another pharmacy, Edmunds Chemist in Kingsland High Street, Dalston, was also featured. Pharmacist Anant Shah admits he supplied the undercover reporter, who this time posed as a visitor from Gabon with a sick father, with Prozac.

"The interpretation of what happened by the *NoW* is entirely inaccurate and untrue, and I am presently taking legal advice," says Mr Shah. He claims his suspicions were aroused and he was about to call the police when the 'customer' disappeared.

The *NoW* is to pass its findings to the RPSGB, which will conduct its own inquiry, confirmed the head of the law department, Sue Sharpe.

Independents fight Boots' dispensing re-application

Pharmacists in Sevenoaks and Otford, Kent, are dismayed by Boots' proposals to re-apply for a dispensing contract, a few months after helping defeat a similar Tesco application.

In 1993, Boots applied for a dispensing contract, but was refused. A few months ago, BTC helped block a Tesco application for a dispensing contract in nearby Riverhead.

Pharmacist Taybi Mohamedbhai of Day Lewis Pharmacy, Riverhead, says: "We have already sent letters of objection to the contracts manager at West Kent FHSA. There have been no new residential developments, roads or surgeries to support the re-application, but it may be that Boots is trying to capitalise on the recent Brent Cross decision." (*C&D* August 30, p5).

A Boots' spokesman confirmed that "the reason for our re-application is the result of the recent judicial review. We would like the health authority to reconsider its decision on that basis."

Chemex here again!

Sunday is the day that Chemex, the exhibition for retail community pharmacists, opens at Olympia.

Visitors will be given the chance to find out more about information technology and its role in community pharmacy, with leading lights from the world of telemedicine, including Professor John Fox and Professor Keith Doughty, who will be on the PRS stand. Dr Mike Ross from Bradford Drug Dependency Clinical Services will also be on hand to discuss management of methadone patients using computer systems.

With over 100 exhibitors, a wealth of new products and special offers, Chemex is the place to be this Sunday and Monday.

Pharmacy implications of Scotland's double yes vote

The Scottish Executive of the Royal Pharmaceutical Society has met to discuss the implications for pharmacists of the Scottish vote for a parliament and tax varying powers .

A working group has been set up to respond to the situation, which includes devolvement of health.

"The Executive is well prepared. It has been looking at working methods, considering how the Scottish Department will operate and how we will work with the Scottish parliament," says Dr Lindsay Howden of the RPSGB's Scottish Department.

Elizabeth Roddick, chairman of the Scottish Executive, confirmed this view by saying: "We will have double the opportunity to lobby ministers – in Westminster and now in Scotland. I think this [devolution] will be very good for pharmacy here.

"We have discussed how to strengthen the Scottish Department within the UK with the RPSGB, and we anticipate forming closer links with the Scottish parliament."

Before the vote took place, she anticipated a 'yes' for a Scottish parliament, but was unsure how the electorate would decide over tax varying powers.

The chairman of the Scottish Pharmaceutical General Council, Andrew Taylor, says that, although it is too early to anticipate the effects of the vote, the issue of competition with other health providers for resources will not change.

The RPSGB's secretary and registrar, John Ferguson, says: "The RPSGB will continue to register pharmacists for the whole of Great Britain."

Scottish stats

There were 4,551,525 prescriptions dispensed in Scotland in May, 4,543,212 by chemist contractors, at a total cost to the exchequer of £43,863,968. For chemist contractors, the ingredient cost per prescription was 864.86p with a professional allowance of 40.17p and oncost of 0.19p. The gross total per prescription (chemists only) was 1008.86p or 953.13p net. The average CD fees cost per prescription was 4.85p.

NI stats

There were 1,775,178 items dispensed from 1,069,596 forms in Northern Ireland in June. The ingredient cost was £17.33 million or £16.21m net. Oncost fees and other payments were worth £2.77m making a gross cost of £18.99m. Prescription charges raised £559,547.75 making the net cost £18.43m. The ingredient cost per prescription before discount was £9.7647 or £9.1353 net. The average discount rate was 7.040 per cent.

P1 pilot starts

Pharmacists in South Nottingham Health Authority have commenced a three-month-long preliminary survey on the amount of money being spent and the number of people using head lice preparations, as part of a pharmacists' prescribing project (*C&D* May 31, p4).

Free conference places

The United Kingdom Psychiatric Pharmacy Group is offering 50 community pharmacists the chance to attend as day delegates at its annual conference free of charge, courtesy of sponsor Zeneca. The Saturday programme comprises a morning session on schizophrenia and afternoon workshop sessions. The conference takes place at Latimer House Conference Centre in Buckinghamshire from October 3-5. For more information on the free places, contact the UKPPG's chairman, John Donoghue, by fax on 0151 604 7465 or tel: 0151 334 4000 ext 4266.

APS/Berk terfenadine return

Following the return of terfenadine to Prescription Only status on September 16, APS/Berk says that customers may return Berk Histafen and APS terfenadine counter stock purchased in 1997. Pharmacists should contact customer services on Freefone 0800 590502 with the stock batch number(s) to arrange return.

Fit for the Millennium

Is your pharmacy fit for the millennium? This week sees the launch of the 1997 Shop Display Awards, co-sponsored by Whitehall Laboratories and *Chemist & Druggist*.

There is £5,000 in prize money to be won for shops which have been refitted internally or had a a new shop front during 1996-97. For details on how to enter, turn to p20.

MCA proposes to strengthen existing advertising controls

Pharmaceutical companies which flout advertising regulations could face heavy fines or imprisonment if amendments to existing regulations, proposed by the Medicines Control Agency, come into effect.

In a consultation letter (MLX 239), issued on August 21, the MCA proposes amending the Medicines (Advertising) Regulations 1994 (SI 1994/1932 as amended) and the Medicines (Monitoring of Advertising) Regulations 1994 (SI 1994/1933). It says "clarification" is the aim as routine monitoring of advertising has revealed that parts of the legislation are being misinterpreted by industry.

Under the proposed changes "persons qualified to prescribe or supply" will include persons who may lawfully sell or supply medicines. Therefore restrictions and supply of full product information are likely to be required for the entire supply chain.

Companies could also face a prohibition, backed up by a criminal penalty, if they issue a consumer or trade advertisement which does not comply with the particulars listed in the summary of product characteristics.

The MCA is also proposing that it be given the power, backed up by criminal sanctions, to pre-vet advertisements and prevent the republishing or publishing of advertising which it considers to be in breach of the Advertising Regulations.

A total ban is also being proposed on the supply of free samples of medicines to the public.

According to the MCA, the changes will not create additional burdens. "On the contrary, it will make it easier for industry to meet the requirements laid down by setting out more clearly the basis for compliance."

Comments on the proposals, should be addressed to Elizabeth Hopkins, Room 926A, Market Towers or faxed to 0171 273 0109 by October 10.

CHC concern over patient intimidation

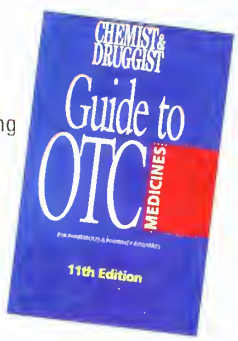
A community health council has expressed concern over intimidation tactics used by a patients group opposing a pharmacy which opened in a village with a dispensing doctor.

The Gnosall Action Group has opposed the opening of TC Cornwell's pharmacy in Gnosall, Staffordshire, and has been asking patients to sign declarations to indicate their acceptance of a collection and delivery scheme to a pharmacy outside Gnosall. Mid-Staffordshire Community Health Council has had reports from patients who have felt intimidated when being asked to sign.

"Very often just the approach can stimulate a feeling of intimidation," said CHC chairman Doreen Knight. She emphasised that patients have freedom of choice to have their prescription dispensed at any pharmacy. "There are now pharmaceutical services in the village and patients who wish to use these must feel free to do so."

New *OTC Guide* published

This week sees the publication of the latest *Chemist & Druggist Guide to OTC Medicines*. Now in its 11th edition, the *Guide* contains 42 sections on various therapeutic groups of licensed over the counter medicines, including a new section on the prophylactic use of aspirin. In addition are sections on licensed herbal and homoeopathic medicines.



Subscribers to *C&D* should receive their copy with the issue of the magazine. Additional copies, costing £7.50 each (£10 to non-subscribers), can be obtained by sending a cheque made payable to 'Miller Freeman plc' to *Chemist & Druggist*, Miller Freeman plc, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Heart risk slimming drugs withdrawn

Anti-obesity drugs fenfluramine and dexfenfluramine have been voluntarily withdrawn by Servier Laboratories amid concern over risks of valvular heart disease.

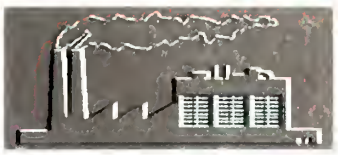
The withdrawal follows reports submitted to the US Food and Drug Administration linking the use of the two to increased risk of mitral, aortic, tricuspid or mixed valve incompetence. Earlier this month, an article in 'Current Problems in Pharmacovigilence' reported a possible association between valvular heart disease and combination therapy for obesity with fenfluramine and phentermine.

The Medicines Control Agency issued a Drug Alert Class I warning to pharmacists and involved health professionals on September 15. Doctors and pharmacists suspecting such an adverse reaction are urged to submit details to the Committee on Safety of Medicines on yellow cards.

Servier decided to withdraw its brands, Ponderax (fenfluramine) and Adifax (dexfenfluramine), "as a precautionary measure pending full, independent clinical investigation". It will cease distribution of these products on October 1, 1997, to allow sufficient time for the gradual withdrawal of treatment from existing patients. Prescriptions should only be dispensed until October 1 and it recommends that pharmacists keep stock until then in anticipation of additional prescriptions. Pharmacists will be reimbursed for all unopened and part packs (including those returned by patients) and any incurred expenses via their wholesalers.

The Royal College of Physicians has responded to the decision by withdrawing its recommendations on the use of anti-obesity drugs in its management guidelines.

INDUSTRY VIEWPOINT



Natural selection

All businesses have to re-invent themselves or they die. Retail pharmacy is no exception.

There are many examples of those that did not re-invent themselves. They either no longer exist or exist only marginally. Where is the small butcher or the small greengrocer today? On the other hand, there are plenty of examples of re-invention – the boutique replacing the haberdasher and the computer supplier the local electrical shop.

In non-retail activities, ICI had to re-invent itself to survive, as have companies such as London Rubber. Indeed, even an institution such as the health service is re-inventing itself to meet today's changing requirements.

Re-invention may be dramatic or gradual, but, without change, activities perish and die.

So should retail pharmacy expect a 'nanny' state to provide a time capsule especially for pharmacy? I don't think so. Should pharmacists expect any centralised organisation to provide blueprints for change such as PIANA? I don't think so. Should pharmacy rely on buying groups to operate to get better buying prices but without creating fundamental change? I don't think so. A study of recent history in other fields shows that either a business plans strategically to change or an entrepreneur steps in with a different business.

> **All businesses have to re-invent themselves or they die**

Independent pharmacists can either plan their own strategic changes or they will see the entrepreneurs develop and steal their businesses. The entrepreneurs are at work and they have blueprints to create a different future. They have a strategy to deliver those blueprints to the world. Their names are Tesco, Superdrug, Moss and Hills. Others are called Smith, Patel, Jones, Shah and MacGregor – the independents who are already re-inventing themselves. They will be the survivors.

Written by a senior industry manager.

Topical Reflections

Crookes is quick out of the blocks

Crookes Healthcare was certainly quick off the mark in emphasising that ibuprofen quantities are not being restricted and must be pleased with the marketing advantage this will give it. At the same time, it has again increased the range of Nurofen variants with the launch of Nurofen Caplets.

Now, I can understand the desire to constantly introduce new products in order to squeeze their weaker opponents, but, as far as I am concerned, this is a variant too far. I just do not have sufficient space on my shelves to accommodate the extra packs and, despite the exhortations of Don Sibley, Whitehall Laboratories' pharmacy trade marketing manager (*C&D* September 13, p22), I have no intention of changing my policy for the sales of analgesics to a self-service system for GSL items.

I am caught on the horns of a dilemma. The plethora of available analgesic brands is breathtaking in its complexity and, as more similar products are marketed as GSL medicines, so my share of the available market will decline. However, I also have a professional responsibility to ensure medicines are appropriately purchased and consider that self-selection must inevitably compromise this role.

It is indeed ironic that, as the need for active pharmaceutical supervision of the sale of medicines increases, so does the percentage of medicines sold through non-pharmacy outlets. Pharmacists exercising responsible care in response to medicine sales protocols are losing business, while others who take every opportunity to encourage these sales prosper.

Chemex: not to be missed

Every year, I say that Chemex cannot get any better, but every year I am proved wrong. After reading through this year's exhibition preview catalogue, I can see that yet again 1997's Chemex cannot be missed. The pressures of business mean I have less and less time to talk to reps and even less to pursue the innovative opportunities promoted in the pharmaceutical press.

Chemex is an ideal medium for redressing the balance and translating my enthusiasm into action. New products, new opportunities and innovative technology are all on show – all under one roof. Both Dotty and I will be at the show and look forward to being able to put into practice those lessons of business sense I know I will learn over the weekend.

I will be heading for the IT stands, while, once again, Dotty is more down to earth and will be looking for new products. Time does not stand still and I have to evolve and innovate in order to compete. I might appear to constantly moan about injustice, but I thrive on the cut and thrust of my retail business. An exhibition of the quality of Chemex is essential in maintaining that competitive edge.

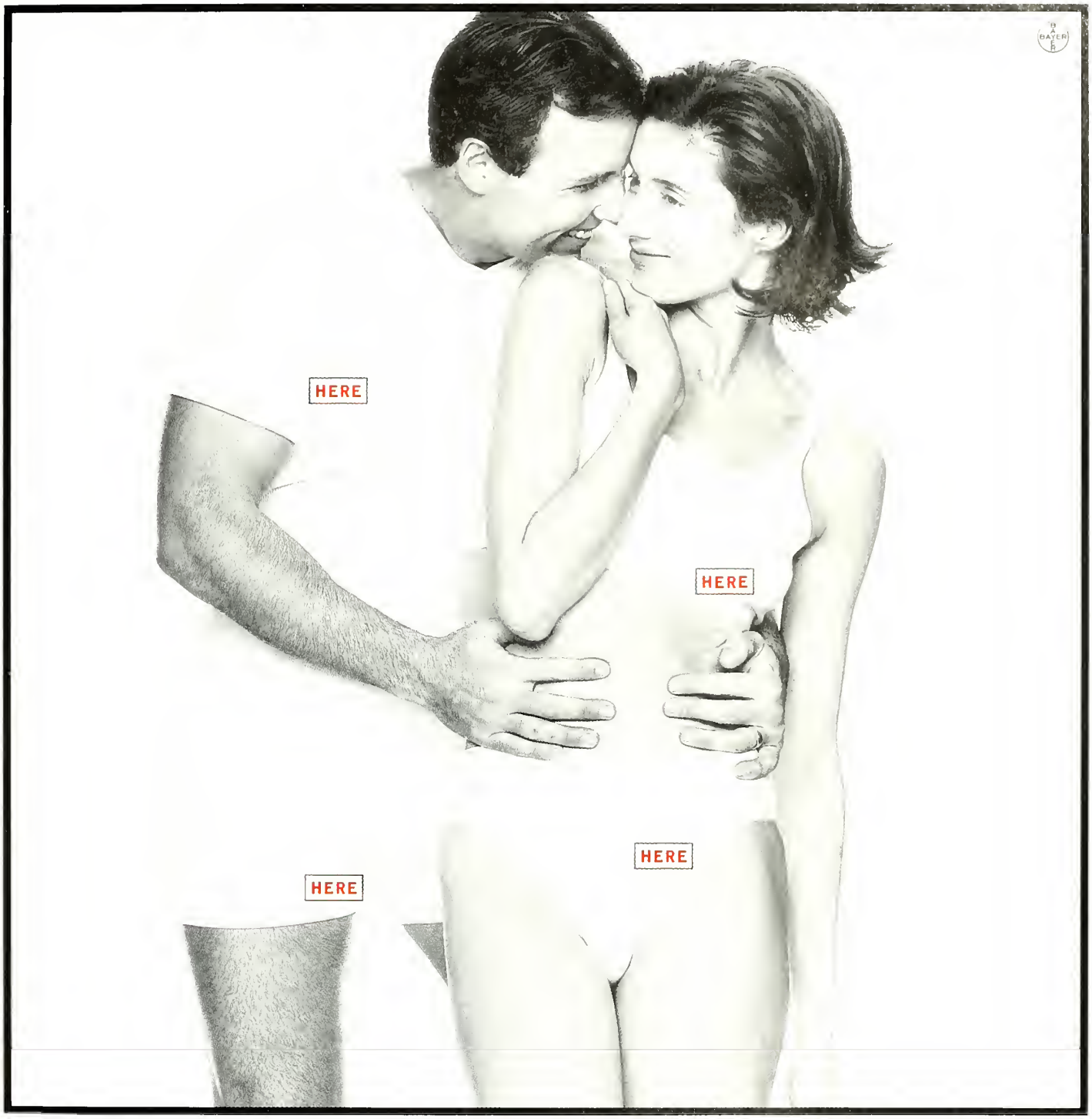
Take it or leave it attitude

I can remember the time when Old Spice and Max Factor were exclusive agencies that I would stock and promote with pride. Those days are long gone and both are now sold as just another mass market toiletry.

Minority products, like shaving sticks and soap, are no longer available, and distribution through the wholesaler is my only source of supply. Gone is the exclusivity, gone is the helpful merchandising and gone is that vital personal representation.

Now I can buy Max Factor in exactly the same way as buying hair sprays, but with less flexibility. At least with hair sprays I can choose which variant I want, but when Creme Puffs are on consumer offer, I can only buy in set quantities and included are the Panstick and Sheer Genius that my customers do not want!

Take it or leave it is the order of the day because to big business I am now an irrelevance. I no longer sell Max Factor and wonder whether Procter & Gamble either knows or cares!



Even your coolest customers will itch for Canesten Hydrocortisone.

At last, there's an OTC combination of hydrocortisone and clotrimazole.

Canesten Hydrocortisone is unique. So, it'll effectively hit the spot for your many customers who suffer from candidal sweat rash.

We'll be offering a cool solution to their burning itch with an eye catching national advertising campaign, POS and educational customer support leaflets.

Canesten is the most effective name in this sector. Don't miss this opportunity for a cool profit.

Canesten® Hydrocortisone

Clotrimazole BP 1.0% Hydrocortisone Ph.Eur. 1.0%

Cools and gets rid of candidal sweat rash

SCRIPTspecials

Promazine Suspension

Genus Pharmaceuticals is introducing Promazine Suspension (150ml, basic NHS price £1.46). It replaces the branded product Sparine Suspension, which has now been discontinued.
Genus Pharmaceuticals. Tel: 01628 604377.

Dextrostix

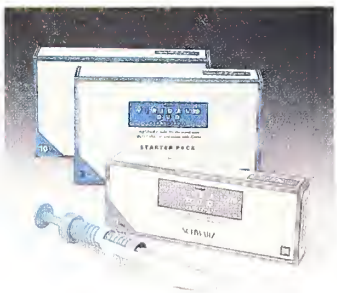
The sale of Dextrostix blood glucose testing strips is being discontinued from September, 1997. Bayer recommends that patients who have been using the strips visually should change to Glucostix strips. Patients who have been using Dextrostix with Bayer's Glucometer are advised to change to the Esprit meter.
Bayer Diagnostics. Tel: 01635 563000.

Abbott erythromycin change

Abbott's erythromycin tablets colour is changing from orange to white and not as stated in last week's *C&D*. The new tablets will also carry an 'E' inscription. No returns for credit or replacement of the orange tablets will be accepted.
Abbott Laboratories. Tel: 01795 580303.

Augmentin off-colour

Smithkline Beecham will be using a new aqueous film coating for Augmentin tablets instead of the usual organic solvent-based coating. SB warns that the new tablets may appear off-white in colour because of this and not because of product degradation.
Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.



Spare applicators for Viridal Duo (*C&D* September 13, p8) can be obtained from Schwarz Pharma by ringing the Freefone number – 0800 7312698 – or writing to Duoject, Freepost (SCE4635), Chesham, Buckinghamshire HP5 1BR

Zispin heralds new NaSSA class

Organon has launched Zispin (mirtazapine), a new class of antidepressant, which works on both noradrenaline and serotonin neurotransmission.

Mirtazapine belongs to the noradrenergic and specific serotonergic antidepressant group (NaSSA). It blocks pre-synaptic alpha-2 adrenoreceptors and alpha-2 heteroreceptors to enhance the release of noradrenaline and serotonin. This is thought to account for the drug's efficacy, even in treating moderate to severe depression.

Mirtazapine's specific blockade of post-synaptic 5HT2 and 5HT3 receptors also means fewer of the side-effects associated with specific serotonin reuptake inhibitors (SSRIs), such as sexual dysfunction and nausea. In addition, mirtazapine does not inhibit cytochrome P450 enzymes, which means fewer drug interactions.

The daily dose for adults is 15-45mg given preferably as a single night-time dose. Treatment should be continued until the patient is symptom-free for four to six months. Clearance of mirtazapine may be reduced in hepatic and renal impairment.

Because reversible white blood cell disorders have been reported with therapy, patients should be alert to any signs of infection. Close monitoring is needed of patients with epilepsy, organic brain syndrome, hepatic or renal insufficiency, cardiac diseases and hypotension. Care should be taken in patients with micturition disturbances, acute narrow-angle glaucoma, increased intra-occular pressure, diabetes mellitus, schizophrenia and manic depression. If jaundice occurs, treatment should be discontinued.

The drug may impair concentration and alertness. Alcohol and benzodiazepines should be avoided, as concomitant use can potentiate the sedative's effects. Mirtazapine should not be administered concomitantly within two weeks of cessation of monoamine oxidase inhibitors.

Adverse reactions include weight gain, increased appetite, drowsiness and, more rarely, a rise in liver enzymes and oedema.

Zispin comes in 30mg tablets (28, basic NHS price £24).
Organon Laboratories Ltd. Tel: 01223 423445.

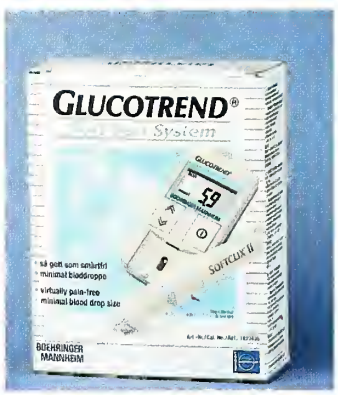
'Virtually pain-free' blood monitoring

Boehringer Mannheim promises virtually pain-free glucose monitoring with its new Glucotrend Soft Test System.

The easy to use home monitoring kit consists of updated components for sampling and monitoring – the Softclix II finger pricker and lancets, and the Glucotrend meter and test strips.

The Softclix II finger pricker, a re-engineered version of Softclix which was launched four years ago, is noiseless and minimises the pain of pricking by moving the lancet in and out of the skin with greater linear accuracy. The device also has 11 adjustable depth settings (0.5-5.5mm) to suit individual skin types. The accompanying lancets are silicone-coated for smoother penetration.

The Glucotrend meter gives blood glucose measurements in 30 seconds and requires minimal blood sample volumes (three microlitres). The test strip sampling pads are also highly absorbent so that blood samples are spread more evenly. Touching this pad will not affect the accuracy of the results.



In European studies, 73 per cent of adults said sampling with the new system was virtually pain-free and almost half of children aged six to 16 said testing with Softclix II was less painful than the original version.

Glucotrend Soft Test System retails at £59 (excluding VAT). The components will be available separately. The launch is being backed by a £500,000 promotional campaign.
Boehringer Mannheim UK (Diagnostics & Biochemical) Ltd. Tel: 01273 480444.

Zomorph twice daily morphine capsules

Link Pharmaceuticals has launched Zomorph, a twice daily sustained release morphine sulphate capsule, which is licensed for the treatment of severe chronic pain, particularly cancer pain. The capsules can either be swallowed or the contents sprinkled onto food or administered through a gastric feeding line.

Zomorph comes in 10mg (60, £4.51), 30mg (60, £10.82), 60mg (60, £21.10), 100mg (60, £33.40) and 200mg (60, £66.80) strengths.
Link Pharmaceuticals Ltd. Tel: 01403 272451.

New glucometer with pre-loaded strips

Esprit is a new glucometer from Bayer, which uses a pre-loaded cartridge of test strips.

The sensor disc of ten strips is loaded into the meter. Each time a test needs to be carried out, the

patient slides a panel to reveal a fresh collecting strip, doing away with the need to fiddle with individual strips. It also means less 'baggage' for people on the move.

Another feature is an integrated capillary system, which draws the blood sample into the biosensor more efficiently, reducing the sample volume needed to three to four microlitres.

Bayer Esprit costs £45 (excluding VAT), with a £10 trade-back on existing meters. The sensor disc is available on prescription (five discs, basic NHS price £13.75).
Bayer plc. Tel: 01635 563000.

CROOKES HEALTHCARE

NEW NUROFEN CAPLETS
GET YOUR PROFITS INTO GREAT SHAPE

or the estimated 10 million potential ustomers who would prefer a caplet to tablet, new Nurofen Caplets should go own rather well.

he launch of new Nurofen Caplets is being supported by a huge TV campaign to really drive sales forward. And with the strength of the Nurofen name behind it, new Nurofen Caplets are shaping up to be a big success.

IEW PROFIT OPPORTUNITY FROM THE NO.1 ANALGESIC BRAND†

Nielsen, Apr 1997, Volume Pack Sold

COUNTERpoints

Medised relaunches cold relief for kids

Seton Healthcare is repackaging and relaunching Medised as a cold remedy for children. The company is also introducing a new sugar- and colour-free variant.

Packaging for both features an illustration of a sleeping child in warm pinks and reds. It carries the strapline 'Cold relief for children' with the three main user benefits clearly shown.

The launch of Medised Sugar and Colour Free follows research which indicates that 76 per cent of mothers would find such a version useful.

Medised contains paracetamol and an anti-histamine which dries up runny noses, and reduces nasal irritation and itching, while aiding restful sleep. It is suitable for children aged one year and above. Both variants are available in a 140ml bottle (rsp £3.25).

Support for the brand over the winter includes a new consumer advertising campaign, point of sale material and in-store promotions.

Seton Healthcare Group plc.
Tel: 0161 654 3000.

Nurofen coated caps for pain relief

Nurofen now comes in new easy to swallow coated caplets.

Nurofen Caplets, which complement Nurofen's existing range, come in GSL packs of 12 and retail at £1.45. The new shape was introduced to satisfy the demand of an estimated ten million consumers for caplet-shaped painkillers.

An autumn television and poster campaign for the entire range will incorporate Nurofen Caplets.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Grabbed by the throat by Mero

Seton Healthcare is supporting its Pharmacy Only Mero range of sore throat treatments with a new POS display unit.

Available from October, the compact unit holds six packs of each of the brand's variants, Merocaine, Merocets and Merothol, plus customer information leaflets.

Giant packs, window displays and showcards are also available.

Seton Healthcare Group plc.
Tel: 0161 654 3000.

SB gets its head round Solpadeine

Smithkline Beecham is supporting its Solpadeine Pharmacy Only analgesic with a £1.5 million marketing campaign this autumn.

TV commercials will appear in London, Yorkshire, Tyne Tees, Scotland, Grampian, Wales and West regions from October 1 for four weeks.

A poster campaign in London is planned for the last two weeks of October. The posters will feature the strapline 'Splitting headache? Solpadeine gets your head together again'.

Advertorials will appear in women's magazines. Readers will be encouraged to send in for a new consumer leaflet.

Smithkline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Weleda has winter all wrapped up

Weleda has launched a new Pharmacy Only trade parcel for winter health.

The parcel includes Catarrh Cream, Cough Drops, Frost Cream, Oleum Rhinale and Cinnabar/Pyrites tablets.

The special selection comes in a new winter health counter/shelf merchandising unit. It is supported by a poster for point of sale display.

A consumer leaflet gives details of common seasonal complaints and Weleda remedies.

Weleda (UK) Ltd.
Tel: 0115 944 8222.

Tin man oils Seven Seas' VMS sales

Seven Seas is supporting its cod liver oil products with a £4 million advertising campaign this autumn.

The advertising features a Tin Man who links cod liver oil with 'oiling the joints'. Relief of joint pain and stiffness are the primary reasons for cod liver oil purchase, according to the company.

Majoring on new Extra Strength Pure Cod Liver Oil, the campaign aims to renew interest in cod liver oil's role in winter health promotion.

A new 30-second TV commercial will be on air from the end of September, again featuring the Tin Man.

The campaign also includes advertising in Sunday newspapers and magazines, plus poster support on buses and Adshel sites.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

No holding back now for Kalms

Kalms herbal stress remedy is in the public eye, backed by a new advertising campaign.

G R Lane is supporting the product with a £900,000 campaign, which runs from this month until June, 1998.

Targeting women aged 25 to 44, the ads are appearing in women's magazines, TV listings titles and homestyle publications. They use the slogan 'Stress? Don't let it hold you back'.

Unlike previous advertising for the product, which has focused on images of everyday stress, the new advertisement features a positive image of a woman looking relaxed and in control.

The fresh approach aims to communicate that, although stress is a common problem, it needn't hold you back.

G R Lane Health Products Ltd.
Tel: 01452 524012.

Pain free sales

NEW

The new 2 in 1 System virtually pain free testing for people with diabetes

The ***GLUCOTREND*** meter and the ***SOFTCLIX II*** finger pricking device together provide the latest technology for obtaining accurate blood glucose measurements virtually pain free.

SoftTest SYSTEM

Make the most of this opportunity for increased sales:

- £½ m consumer advertising campaign
- A range of in-store merchandising material
- A dedicated back-up and support service

HALF PRICE
Special Introductory Offer for your customers with diabetes

RRP ~~£58~~ Ex.VAT **£29** Ex.VAT

For more information call FREEPHONE
0800 413854
and quote reference 'STS1'

Better Management in Diabetes Care

BOEHRINGER MANNHEIM
UNITED KINGDOM

Boehringer Mannheim UK Limited
Bell Lane, Lewes
East Sussex BN7 1LG

Telephone: (01273) 480444
Freephone: 0800 413854

In the Republic of Ireland
Telephone: (01) 2882613
Freephone: 1 800 709 600

mannheim boehringer

Dana's Fetish fragrance aims to attract teenage girls

Fetish is a new teenage fragrance which will be launched by Dana UK, a division of US company Renaissance Cosmetics.

Aimed at 12-19-year-old girls, this mass market brand will be available from November 1.

The distinct fresh fragrance is a blend of green floral top notes and fruity notes, with a dry down to a soft musk.

The range comprises body spray (rsp $2.25, 75ml) and eau de toilette spray ($5.95, 9ml; $9.95, 30ml).

It is packaged in a frosted glass vial with brightly-coloured lid, clip and stand. The vial and stand are presented in a clear cylinder with brushed aluminium base and top.

The stand allows the product to be displayed on a dressing table, while the clip enables the user to attach the vial onto a belt or bag.

The launch will be supported by a marketing spend of $1.7 million. This will include a $1m TV campaign which will be on air from early November to mid-December.

A launch merchandiser contains 12 body sprays, six 30ml edts, nine 9ml edts and one edt tester.

● Fifty-nine per cent of 11-14-year-old girls and 86 per cent of 15-19-year-old girls spend some of their money on toiletries/cosmetics each week (TGI).

Dana UK Ltd.
Tel: 0181 607 6500.

J&J powers up Reach for kids

Reach Powerbrush is a new electric toothbrush for children from Johnson & Johnson.

Designed to be easy to use and make brushing fun, it comes in bright purple, pink and green.

This cordless product combines the self-control of manual brushing with battery power.

It is used like a manual toothbrush, which helps kids develop brushing technique, while its 7,000 micro-vibrations per minute aids removal of stubborn plaque and massages gums.

The brush features a small, soft-bristled, angled head to reach all areas of the teeth and gums.

Retail price is $5.99. Replacement heads are available in three colours (rsp $2.99 for two).

The product is powered by a replaceable 1.5-volt AA battery.

Johnson & Johnson Ltd.
Tel: 01628 822222.

Theramed's complete care

Schwarzkopf & Henkel Cosmetics is relaunching its Theramed 2-in-1 liquid toothpaste and mouthwash as a complete care range.

The move is designed to capitalise on the complete care sector's rising popularity.

The range comprises Cool Mint, Fresh Mint, Baking Soda, Junior and Whitening.

The new 2-in-1's toothpaste element delivers three integrated defensive measures for the combined protection of teeth and gums.

It contains an increased amount of sodium fluoride zinc, magnesium, manganese sulphates and pro-vitamin B5. The addition of Triclosan provides better protection and fresher breath.

A stronger visual pack design highlights the brand's improved oral care performance and complete care message. Retail price is $1.65.

Schwarzkopf & Henkel Cosmetics.
Tel: 01296 314000.

Colour Set for those 'golden years'

Wella is relaunching its Colour Set range of colour setting lotions.

Designed to give a temporary hint of colour which will last until the next shampoo, the products are formulated to deliver a more natural colour result with a softer hold for more versatile styling.

In addition, the lotions are designed to visibly improve the shine and condition of the hair.

The range includes six shades – Silver Ash, Sable Brown, Pearl Grey, Cool Beige and Soft Beige. Retail price is £1.99.

Aimed at women in their 'golden years' who want to enhance greying hair, the relaunch is designed to encourage trial among new users.

Wella Great Britain.
Tel: 01256 20202.

Glittering launch for Lizzie French

Lizzie French is building on its range of candy-coloured nail polishes with the addition of glitter products for the hair, face and body.

Face and Body Glitter, and Hair and Body Glitter come in six colour options, including green, rainbow, gold and silver. The products are presented in handy pots and wands.

Aimed at the young fashion buyer with limited funds, both products retail at around $0.99.

Elizabeth French Ltd.
Tel: 0161 929 1555.

ON TV NEXT WEEK

Colgate Total: All areas

Crest Complete toothpaste: Y

Imodium: All areas

Johnson's Baby Skincare Clothwipes: All areas

Listerine: C, A, M, LWT, CAR, C4, Sat

New Clearasil Complete: All areas

Nizoral dandruff shampoo: C, A, M, LWT, GMTV, CAR, C4, Sat

Pantene: All areas except GMTV

Poligrip Ultra: All areas

Wella Experience: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

read my lips...

- **Soothelip** has driven total cold sore market growth
- **Soothelip** is the fastest growing brand in the market
- Equivalent to £4m additional Pharmacy only sales*
- Proven efficacy – nothing is more effective at preventing cold sores
- Better value for your customers

+ STOP PRESS + STOP PRESS + STOP PRESS

OUTSTANDING PROMOTIONAL ITEMS IN SEPTEMBER/OCTOBER.
Phone Ceuta Healthcare for details

01202 780558

or contact your Ceuta Healthcare representative for more details.

*Independent market research.

...we've done more

than just pay lip

service to expanding

the cold sore market...

Soothelip contains aciclovir

PRODUCT INFORMATION: Soothelip For Cold Sores contains 5% of aciclovir in a smooth white to off-white cream. It also contains cetyl alcohol, dimethicone, heavy liquid paraffin, polyethylene glycol – 5 glyceryl stearate, propylene glycol, sorbic acid, white soft paraffin and water. **Indications:** the treatment of infections caused by the herpes simplex virus, such as cold sores. **Dosage and Administration:** cream should be applied to the affected area five times daily about every four hours for five days. If the cold sore has not healed after five days, treatment may be continued for a further five days. If the cold sore has not healed after ten days or gets worse during treatment, a doctor should be consulted. **Precautions and Warnings:** Patients should be advised to seek the advice of a doctor before taking Soothelip if they are pregnant, plan to become pregnant or are breast feeding, if they are allergic to any of the ingredients in the cream, or if their immune system is not working properly. Soothelip should not be used for herpes infections of the eye, inside the mouth or genital areas. **Product licence number:** 0142/0426. **Licence Holder:** Crox Pharmaceuticals Barnstaple, EX32 8NS. **Sold and Distributed in the UK by:** Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Legal Category:** P. **Date of preparation:** February 1997.

Electronic prescribing

- Is this the future?
- How will I benefit?
- How do I minimise the cost of taking part?
- How do I know electronic scripts will not be redirected?
- Who is backing the new system?
- Who should I talk to?

PharMed will enable pharmacists to spend more time providing expert advice and counselling to patients.

Is this the future?

As pharmacists are being continually asked to take on more and more work, finding more efficient ways of dispensing, caring for patients and time management has to be of benefit to every pharmacist.

In a recent UK survey with pharmacists, 80% believed that electronic prescribing is the way forward and felt it was here to stay.

In an attempt to bring real solutions to the door of every pharmacist, healthcare giant GEHE has pledged a multi-million pound investment in a new organisation to develop a secure electronic prescribing system which works with the existing PMR system, and is believed will eventually replace the paper prescription.

How will I benefit?

The PharMed system will be built into your PMR system by your existing supplier and will allow scripts to flow directly into your computer reducing keystrokes and eliminating errors. Repeat scripts will be received in advance enabling them to be processed in quieter periods. Links with stock control systems will operate automatically to ensure out of stock items are available when the patient comes to collect their medicines.

These efficiency improvements will free the pharmacist to concentrate on their professional role, providing expert advice and counselling to patients to ensure the best possible pharmaceutical care.

Access to e-mail will also enable the pharmacist to have an open dialogue with GPs.

These efficiency improvements will free the pharmacist to concentrate on their professional role, to ensure the best possible pharmaceutical care.

Future developments are planned which will extend the use of the links provided by PharMed to support closer integration of the pharmacist in the primary healthcare team enhancing and developing the pharmacist's professional role.

How do I minimise the cost of taking part?

We believe the PharMed

the future of pharmacy

system should offer the most cost effective electronic prescribing system available to pharmacists. PharMed has been set up as a not-for-profit organisation, therefore the company will offer a service at cost price without taking a profit for themselves.

PharMed are committed to offering their system at the lowest possible cost, it will be free of per script transaction charges and there is no need for expensive ISDN lines to connect to the network. Rather PharMed allows a wide choice of competitively priced Internet service providers who are accessible using a standard telephone line.

It is PharMed's intention to develop additional services for pharmacy revenue streams to generate income to compensate for cost.

Ian Moody, PharMed's director said: "GEHE'scommitment to the not-for-profit PharMed will ensure the most cost effective solution for every pharmacist.

"Our interest is in making sure that an open electronic prescription system is available to all pharmacies. We've put our plans together with the best interests of pharmacists in mind."

How do I know electronic scripts will not be redirected?

PharMed is pioneering an Internet-based prescription system which will send scripts via e-mail from the GPs surgery to a pharmacy of the patient's choice. In order to participate the patient can only register at a pharmacy of their choice. This pharmacy becomes the default destination for their scripts which cannot be changed by their GP.

Patients retain the right to ask for any individual script to be sent to another pharmacy in the scheme or to take a script to a pharmacy which is not yet participating, they can also change their home pharmacy or opt to stop using the electronic link at any time.

The system does not use a central database and is being developed using encryption technology, similar to that used in the banking industry, to ensure the highest possible level of security.

Who is backing the new system?

Over the last four months, PharMed staff have been in consultation with industry representatives to ensure that the most workable electronic prescription system is brought to market.

The company has also been seeking representatives from the pharmacy profession and trade bodies along with representatives of the medical profession to join an advisory panel to give continuing guidance to PharMed in the future.

"Our interest is in making sure that an open electronic prescription system is available to all pharmacies."

Ian Moody, Director, PharMed.

Mr Moody added: "We are putting together a leading edge solution to which any community pharmacist can have access.

"Our aim is to launch an electronic prescribing system that is inclusive, not exclusive and easy for pharmacists and GPs to use.

"Our approach has been to include the main representative bodies in a dialogue to ensure that our system adheres to the highest professional standards."

Who should I talk to?

You should talk to your pharmacy computer supplier to find out more about PharMed.

PharMed expects to work closely with the NHS to trial the system early next year. In the meantime the company is talking to computer system suppliers to help them take part. Initial commitment already gives PharMed coverage across the majority of GP and pharmacy systems installed.

Visitors to the Pharmacy Live exhibition next month can visit the PharMed stand, number 104, to see the new system in operation.

"We would welcome any comment or advice from pharmacists as we seek an open dialogue with all interested parties" commented Mr Moody.

"GEHE has spent much time and money over the past few years developing IT systems for the pharmaceutical and medical professions.

"PharMed will be able to exploit this knowledge to the benefit of the whole industry and we are determined to ensure that this project succeeds," he added.

PharMed

Bringing healthcare professionals closer together

Pharmacists interested in seeking more information should call PharMed on 01527 871958 or fax 01527 871420.

Further details can be found at PharMed's web address www.pharmed.org.uk.

Kotex launch opens up new benefits

Kimberly-Clark is launching a new range of Kotex sanitary towels with design improvements.

Key feature of the range is a new hole system which draws liquid away from the body straight down to the bottom layer. The liquid is then distributed right along the length of the towel and 'locked in' offering added dryness and protection.

The design also incorporates a soft, natural covering for maximum comfort on the skin.

The range comprises Kotex Maxi Normal (18s), Kotex Maxi Normal Plus (16s), Kotex Maxi Super (16s), Kotex Ultra Normal Plus (14s) and Kotex Ultra Super (12s).

Products are available in a choice of winged or non-winged varieties. Retail price is £1.99.

Colourful new packaging is designed for maximum on-shelf impact.

The launch is being backed by a £10 million marketing spend, which includes a TV campaign starting on September 29. In-store support includes promotions and point of sale material.

● The new towels replace the previous Kotex products, with the exception of Kotex Night-time, which remains in the range.

Kimberly-Clark Ltd.
Tel: 01622 616000.

Autumn bonus

The Jenks Group is offering an 8 per cent discount off the company's normal trade prices with any quantity of products purchased from the Mentholatum range before October 31. A free bonus parcel, featuring the new Deep Relief pump dispenser, is available with every order taken over £75 at trade prices.

Jenks Group.
Tel: 01494 442446.

Charity donation

Four national baby charities, the National Childbirth Trust, Bliss, Wellbeing and the NSPCC, have been selected by nursery company Mama & Papas to receive a donation from sales of its 1998 catalogue.

Mamas & Papas Ltd.
Tel: 01484 438200.

Righting animal wrongs with Allerpet

Allerpet is a new lotion to remove the allergens from pets' coats.

It is being introduced in Boots on September 29 and is available to independent pharmacies.

The lotion comes in two variants – Allerpet/C for cats and Allerpet/D for dogs.

It is formulated to cleanse and moisturise pets' skins and coats, reducing the airborne allergen load at source.

It is also said to prevent breathing difficulties, hives, streaming eyes and stuffy noses.

Retail price is £8.95 for a 355ml bottle.

Sans Frontieres Ltd.
Tel: 01476 514650.

Extra value

From October 6, 300ml Organics shampoo and conditioner bottles (rsp £2.69) will be selling for the price of the 200ml bottle (rsp £1.99). The offer will run while stocks last – which is estimated to be eight weeks.

Elida Fabergé.
Tel: 0181 481 6000.

Folic acid plus

Nestlé Build-up fortified milk drinks and soups now carry the Health Education Authority's 'Contains folic acid' endorsement. This is backed by a folic acid fact sheet available to consumers who ring Freefone 0800 000030.

Nestlé UK Ltd.
Tel: 0181 686 3333.

On the ball

Coloplast has been appointed as official supplier to Wasps Rugby Club. Wasps will be supported by Compeed plasters throughout the season in the Allied Dunbar rugby union premiership.

Coloplast Ltd.
Tel: 01733 392000.

LETTERS

Nice one, Jeff!

Kenneth Clarke's appointment as chairman of Unichem will no doubt prove to be a shrewd investment by the company.

Unichem is not a 'sexy company', being outside the *FT* Top 100, so it is a significant personal coup for Jeff Harris to have persuaded Mr Clarke to accept the post. He brings with him a wealth of experience, having been both minister of health and chancellor of the exchequer.

As any Tory Euro-sceptic will testify, his pro-European credentials are well established: given Unichem's intention to expand into Europe, Mr Clarke's appointment seems doubly appropriate. At a time when pharmacy is facing real threats (loss of Resale Price Maintenance, doctor dispensing) and opportunities (the Crown Review on prescribing, the 'New Age' initiative and the paracetamol issue), a few politically-heavyweight allies will not go amiss.

In her autobiography, Lady Thatcher described Ken Clarke as "an energetic and persuasive bruiser, very useful in a brawl or an election". No longer at risk of being 'hand-bagged' by the great lady, Mr Clarke will no doubt prove himself equally useful in the similarly bruising pharmacy arena!

G Phillips
Wheathampstead

Don't just read all about it, do something about it!

All readers of *C&D*'s September 13 issue will have read **Xrayser**, agreed with his points and placidly turned the page.

I suggest a member of *C&D's* staff is delegated with the responsibility for reporting responses to such valid points raised by **Xrayser** and others in the magazine, so that readers are informed of the ways in which our elected leaders are dealing with these issues.

G J Weaver
Bath

Vantage pharmacist Diane Manzi from Steeple Pharmacy in Montrose, Angus, has won an Omron blood pressure monitor in an AAH Pharmaceuticals' competition which marked British Heart Week in July. "We wanted to encourage our customers to look after their hearts, and this monitor will help them do just that," says Diane. Vantage business development manager John Laverty presents the lucky winner with her prize

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Fit for the Millennium

The hunt is on for the pharmacy of the future. If you have designed or refitted a pharmacy between January 1996 and December 1997, then you are eligible to enter the fifth Shop Design Awards co-sponsored by *Chemist & Druggist* and Whitehall Laboratories. With prize money totalling £5,000, we are looking for pharmacies fit for the millennium

Perceptions – what the customers think – can make or break a business. Get it right from the outside and they will come through the door. Create the right ambience inside and they will buy – and they will come back.

Retailing, as any community pharmacist knows, is about getting the right mixture of merchandise, display, price, service and environment.

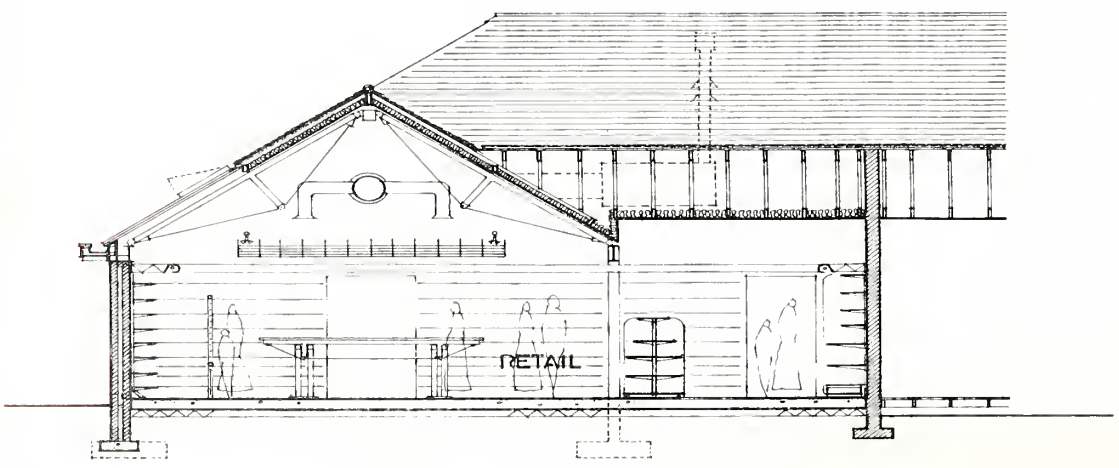
The Shop Design Awards concentrate on environment. For a pharmacy this means matching retailing needs with those of a health professional to produce a solution which demonstrates the premises' unique position as a healthcare provider.

The four previous Shop Design Awards have produced an impressive array of entries – both from multiples trying out new approaches or working within existing corporate designs, and independents whose freedom to innovate has produced some stunning yet practical interiors.

This year's Awards are open to newly fitted out pharmacies or those that have undergone a major refit, and those where a new shopfront has produced the right result. Work must have been undertaken during 1996 or 1997.

Prize money totalling £5,000 will be awarded to the first and second placed entries in the two categories, but all those who enter will receive a certificate.

Innovation and a focus on the desired outcome will count more with the judges than resources. So if your pharmacy has recently been given a new look, tell us about your achievement.



Categories

1. Newly opened pharmacy or a refit involving all or a major part of the shopfloor.

2. A new shopfront.

Fit for the Nineties: Hills Pharmacy, Sowerby Bridge, designed by Alexander King Associates of Skipton, N Yorks

David Beauchamp, managing director of Whitehall Laboratories, presents the major prize at the last Shop Design Awards – Fit for the Nineties – to Nick Shields of Alexander King Associates

David Beauchamp, managing director of Whitehall Laboratories, co-sponsors of the Shop Design Awards for the fifth time, is delighted to maintain his company's involvement in this prestigious competition.

"To survive in today's competitive retail sector, a goal for all pharmacy proprietors must be to provide an efficient and pleasant environment for the public to shop in, while retaining that special professional image which sets a pharmacy apart from mass market retailers.

"By creating an eye catching and user friendly shop, either through a complete refit or by concentrating on a part of the premises or the shopfront, a new lease of life can be brought to a business. But that alone is not enough.

"Space is becoming one of the major retail challenges for community pharmacies. With the growing number of OTC products it is imperative that pharmacists display medicines and other lines to their best advantage and add value to each purchase with their professional advice.

"Given the limited space available in many outlets, clever solutions are imperative. They help ensure consumer satisfaction and have a positive impact on sales.

"I would encourage all eligible pharmacies to enter this competition, which has become a yardstick for pharmacy layout and design, and is recognised for its consistently high standard of entry."

Eligibility

1. Pharmacy proprietors
2. Pharmacy managers
3. Shopfitting companies
4. Shop designers/planners.

(Managers, shopfitters and designers should obtain the owner's permission before submitting an entry).

How to enter

Entrants must describe, in no more than 500 words, the principle objectives of the work undertaken and how they were achieved.

Entries should be backed up by photographs and plans to help illustrate the concept for the refit, its implementation and the outcome.

The judges will be looking for:

- an innovative approach
- creation of a professional image
- for partial refits and shop fronts, sympathy with existing fittings and the local environment
- evidence that the refit has been planned bearing in mind the services the pharmacy provides, its merchandise range, customer type and locality
- cost effective results.

Prizes

The prizes awarded will be:

1 £2,000 for the winning pharmacy in category 1 (new pharmacy or refit of major part of the shop floor), with £1,000 for the runner-up and plaques for both.

2 £1,300 for the winning pharmacy in category 2 (new shop front), with £700 for the runner-up and plaques for both.

Shopfitters/designers of the winning and runner-up entries will receive a certificate and the right to use the Award emblem in promotional material.
All entrants will receive a certificate of entry.

The rules

Work on the refit must have taken place between January 1, 1996, and December 31, 1997.

Entries must be typewritten on A4 paper and accompanied by an entry form giving the category entered and the address of both the pharmacy and the shopfitter/designer.

Entry forms are available from Jan Powis at *Chemist & Druggist* (tel: 01732 364422), Don Sibley at Whitehall Laboratories (tel: 01628 669011) and from Whitehall sales representatives.

Entries should be sent to 'Fit for the Millennium', *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

The closing date for entries is January 30, 1998.

Judging will take place on February 13. The judging panel will be drawn from the pharmaceutical profession and the shopfitting industry. The sponsors will be represented by Patrick Grice, editor of *Chemist & Druggist* (non-voting chairman), and Steve Dickson, director of pharmacy sales, Whitehall Laboratories.

The winners will be invited to an Awards Luncheon, and the results announced in *Chemist & Druggist* prior to April 30, 1998.

***Chemist & Druggist* retains the right to publish details of any of the entries submitted.**

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MENTHOLATUM

PHARMACY update

Problems arising

Impotence, more precisely termed erectile dysfunction, affects at least 2 million men in the UK at some point in their lives. Michael Foster, consultant urologist at the Good Hope Hospital in Sutton Coldfield, outlines current therapy

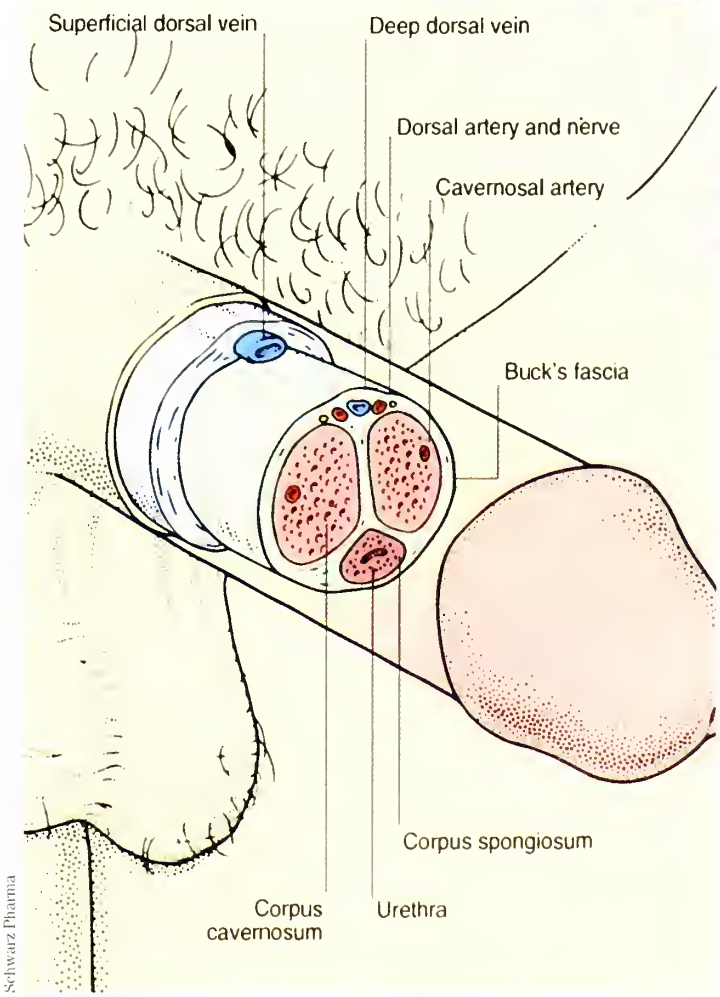


Diagram showing the components involved in an erection

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1067), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* OCTOBER 11, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To understand the mechanism of normal erection
- To be aware of the causes of the condition
- To recognise drugs which may have erectile dysfunction as a side effect
- To be familiar with the management of erectile dysfunction
- To recognise the pros and cons of treatment option

Many men will admit to occasional erectile problems, but when they become persistent, there may be a profound effect on the well-being of both the man and his partner. The incidence of erectile dysfunction is difficult to determine, but probably at least 2 per cent of men aged 40 and 25 per cent of 65-year-olds are affected. Many men think of impotence as an inevitable consequence of ageing, and while there is some truth in this, age is not a contra-indication to treatment.

Mechanisms of normal erection

The erectile tissue of the penis is mainly within the two corpora cavernosa, which communicate with each other. The corpus spongiosum consists of a thinner layer of erectile tissue surrounding the urethra. Distally the corpus spongiosum expands to form the glans penis.

The corpora are surrounded by a thick fibrous sheath (Buck's fascia) rich in elastic tissue which stretches during an erection. The tissue within consists of a meshwork of interconnected sinusoids separated by thin traceculae also containing elastic tissue, together with bundles of smooth muscle.

The blood supply to the corpora cavernosa comes from the cavernosal arteries, which indirectly arise from the internal iliac artery. The nerve supply to the penis is complex. The classic erectile pathway is mediated by parasympathetic fibres from the second and third sacral nerve roots, although there is some evidence that sympathetic erectile pathways also exist. Sympathetic activity (fibres from the 11th thoracic to the second lumbar segments), however, is mainly associated with ejaculation and the loss of erection. The nerves to the penis come off the sciatic nerve deep in the pelvis.

Erections can occur as a result of local sensory stimulation of the penis and genital areas (in which case the mechanism is a simple spinal reflex), and in response to a large variety of centrally-mediated stimuli, including the visual, auditory, tactile and imaginative.

In addition, most men have erections for a significant period of time during sleep, the exact mechanisms of which are unknown. In all cases, the final pathway is the same, ie a massive increase in penile blood flow caused by relaxation of the smooth muscle within the trabeculae of the erectile tissue and dilatation of the cavernosal arteries and its terminal branches. As the sinusoids are filled with blood the venules which drain them are compressed, causing penile rigidity.

Causes of erectile dysfunction

- Vascular factors

Vascular problems are at least

Continued on PII

◀ Continued from PI

a contributory factor to the majority of cases in the elderly. The risk factors are those associated with cardiovascular disease and include smoking, hypertension, hyperlipidaemia and diabetes.

Neurological problems are usually easy to identify, such as in patients who have had pelvic surgery or pelvic fractures resulting in damage to the parasympathetic nerve supply. Occasionally, they can be more subtle, as in early cases of multiple sclerosis.

Diabetes frequently results in erectile dysfunction because it results in both vascular and neurological damage. All impotent men should have their urine or blood checked for excess sugar.

Although it is well established that testosterone deficiency results in impotence, the mechanism, and the precise role of testosterone in the erection process, is uncertain. Surprisingly, men who have been castrated can sometimes achieve erection.

● **Psychological factors** Many men with erectile dysfunction have a psychological component to their problem, and sometimes a specific psychological cause can be identified, eg guilt, relationship difficulties or sexual inhibition. Performance-related anxiety is common. Spontaneous nocturnal erections are usually preserved.

● **Drugs** The relationship between drugs and erectile function is complex. Impotence is a documented side-effect of many drugs, but frequently the evidence is subjective and is based on case reports rather than on controlled studies. It is often difficult to separate the effect of the drug from the effect of the disease it was prescribed for – particularly with drugs used in cardiovascular disease – and stopping a drug which a patient claims has caused erectile dysfunction is often disappointing. Table 2 is a list (not exhaustive) of drugs which have been reported to be associated with erectile dysfunction.

Table 1: causes of impotence

- **Vascular**
  - Large vessel disease
  - Small vessel disease (including diabetes)
  - Surgical/traumatic damage to pelvic vasculature
- **Neurological**
  - Surgical/traumatic damage to spinal cord or pelvic nerves
  - Autonomic neuropathy (including diabetes)
  - Miscellaneous neurological disorders (eg MS)
- **Endocrinological**
  - Testosterone insufficiency
  - Thyroid disorders
- **Psychological (exact cause often unidentifiable)**
  - Anxiety/stress
  - Sexual inhibition
  - Relationship difficulty
- **Penile problems**
  - Congenital abnormality of the corpora
  - Previous priapism
  - Peyronies disease
- **Miscellaneous**
  - Drugs
  - Chronic renal failure
  - Chronic liver failure

Psychological treatment

Psychological treatment of erectile dysfunction is time-consuming and sometimes unrewarding. The patient needs to be well motivated and many therapists insist the partner is involved in the treatment. Frequently, psychologists use physical remedies to allow their patients to get into the habit of having satisfactory erections and intercourse.

Oral drug treatment

As yet, there is no oral medication which reliably and consistently improves erectile activity. The following are being used:

● **Yohimbine** Yohimbine, an alkaloid derived from the bark of the yohimbine tree, is generally regarded to have aphrodisiac properties in both sexes, and has been shown in controlled studies to improve potency in men with psychogenic impotence, although all these studies demonstrate a significant placebo effect in control patients. The drug appears to act centrally rather than directly on the penis, possibly by its alpha-2 adrenoceptor action. It is unlicensed in erectile dysfunction.

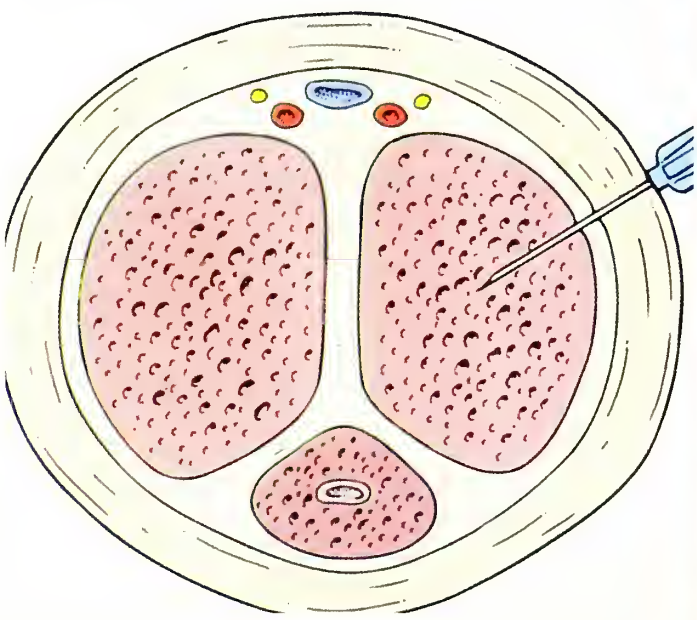
Side-effects of yohimbine are minor (a feeling of general unease is the commonest), although the drug is contra-indicated in patients with significant hypertension and renal disease. Because it is generally well tolerated, it can be offered to most patients with predominantly psychological impotence, although more often than not the results are disappointing.

● **Trazodone** Trazodone is an antidepressant drug related to amitriptylene, with a similar side-effect profile. Tiredness is the biggest problem. Prolonged erection (priapism) has been reported as a side-effect in men with normal potency. In impotent men, its effect is unpredictable and, like yohimbine, its efficacy can by no means be guaranteed. It is worth trying in men whose impotence is associated with significant depression.

● **Testosterone** Testosterone supplements can be administered orally, by skin patches, by intramuscular injection every three or four weeks, or by subcutaneous implant every three to six months. In general terms, the results of testosterone therapy are poor, except in men with genuine hypogonadism, which is rare. As oral absorption of testosterone can be erratic, patches or intramuscular injection are the preferred routes for short- to medium-term testosterone supplement. Patches may cause skin reactions in sensitive patients. Testosterone should not be administered to men with prostate cancer, as it can accelerate the course of the disease, and patients on long-term testosterone replacement should have their liver function monitored.

● **Sildenafil** Sildenafil is a selective inhibitor of cyclic GMP phosphodiesterase, which inhibits the hydrolysis of cyclic GMP and increases its concentration in cavernosal tissue. Cyclic GMP in turn potentiates the action of nitric oxide, which is a potent vasodilator of fundamental importance in the erectile process. Sildenafil, taken orally, has

Continued on PIV ▶

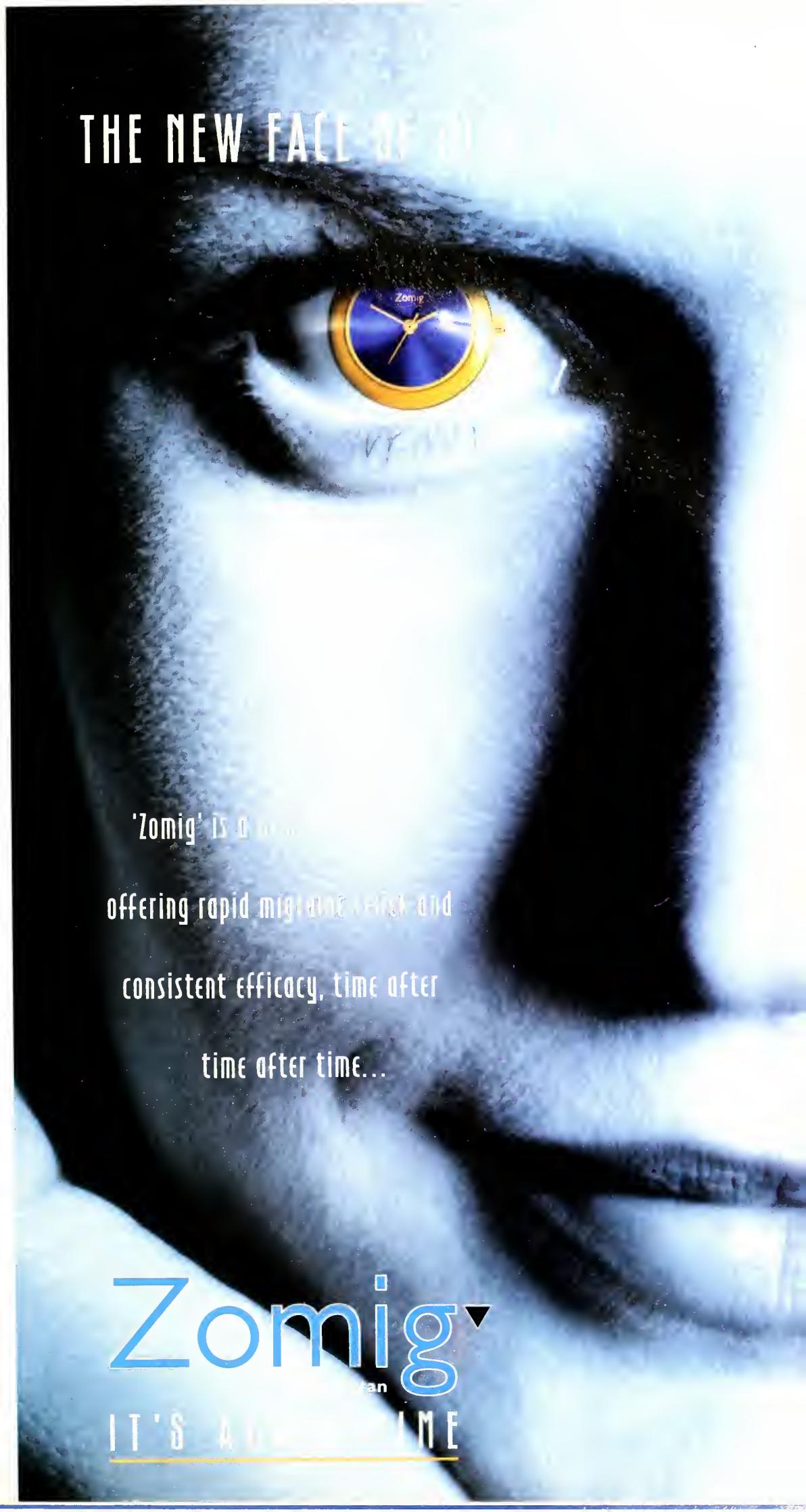


Schwarz Pharma

Site of intracorporeal injection

Table 2: drugs associated with impotence

- **Anti-hypertensives**
  - Thiazide diuretics
  - ACE inhibitors
- **Major tranquillisers**
  - Phenothiazines
  - Haloperidol
- **Anti-depressants**
  - Tricyclics
  - Monoamine oxidase inhibitors
- **Anxiolytics**
  - Benzodiazopines
- **Recreational drugs**
  - Alcohol
  - Nicotine
  - Marijuana
  - Opiates
- **Miscellaneous**
  - Cimetidine
  - Clofibrate
  - Simvastatin
  - Digoxin
  - Finasteride
  - Cyproterone
  - LH-RH analogues



'ZOMIG'
Consult Summary of Product Characteristics before prescribing. Special reporting to the CSM required.
Use Acute treatment of migraine with or without aura.
Presentation Tablets containing 2.5mg of zolmitriptan.
Dosage and Administration The recommended dose of 'Zomig' to treat a migraine attack is 2.5mg.
If symptoms persist or return within 24 hours, a second dose has been shown to be effective. If a second dose is required, it should not be taken within 2 hours of the initial dose.
If satisfactory relief is not achieved, subsequent attacks can be treated with 5mg doses.
In patients who respond, significant efficacy is apparent within 1 hour of dosing.
In the event of recurrent attacks, it is recommended that the total intake of 'Zomig' in a 24 hour period should not exceed 15mg.
'Zomig' is not indicated for prophylaxis of migraine.
Safety and efficacy of 'Zomig' in paediatrics, adults over the age of 65 and patients with hepatic impairment have yet to be established.
Contra-indications Hypersensitivity to any component of 'Zomig' and uncontrolled hypertension.
Precautions A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.
'Zomig' should not be given to patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathways.
'Zomig' is not recommended in patients with ischaemic heart disease. In patients in whom unrecognised coronary artery disease is likely, cardiovascular evaluation prior to commencement of treatment is recommended.
As with other $5HT_{1D}$ agonists, atypical sensations over the precordium have been reported after administration of 'Zomig' but in clinical trials these have not been associated with arrhythmias or ischaemic changes on ECG. 'Zomig' may cause mild transient increases in blood pressure.
Patients should leave at least 6 hours between taking an ergotamine preparation and starting 'Zomig' and vice versa. Concomitant administration of other $5HT_{1D}$ agonists within 12 hours of 'Zomig' treatment should be avoided. A maximum intake of 7.5mg of 'Zomig' in 24 hours is recommended in patients taking a MAO-A inhibitor. Caution in pregnancy and breast-feeding. Use is unlikely to result in an impairment of the ability to drive or operate machinery. However, somnolence may occur.
Undesirable Effects Nausea, dizziness, somnolence, warm sensation, asthenia and dry mouth have been the most commonly reported.
Abnormalities or disturbances of sensation have been reported; heaviness, tightness or pressure may occur in the throat, neck, limbs and chest (no evidence of ischaemic ECG changes), as may myalgia, muscle weakness, paraesthesia, dysaesthesia.
Legal Category POM.
Product Licence Number 12619/0116.
Basic NHS Cost 3 tablet pack (2.5mg) £12.00. 6 tablet pack (2.5mg) with wallet £24.00.
'Zomig' is a trademark of the Zeneca group of companies.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

97/7590/K Issued March 1997

ZENECA

Continued from PII

been shown to improve potency in a number of studies, but as yet this drug is unlicensed in the UK.

Intracorporeal injections

The erection that results following the injection of vaso-active substances into the corpora of the penis was reported in the early 1980s. Each year, increasing numbers of patients are taught the technique of self-injection so that they can get erection on demand in their own homes.

At present, two drugs are licensed for intracorporeal treatment of erectile dysfunction: alprostadil or prostaglandin E1 (PGE1) and moxisylyte, a selective alpha-1 blocker.

Papaverine, sometimes used in combination with phentolamine, is an unlicensed drug, but has been extensively used in the past; and vasopotin, a combination of vaso-intestinal polypeptide (VIP) and phentolamine has recently been developed.

Vaso-active drugs work by dilating the cavernosal arteries and relaxing the penile smooth muscle. Intracorporeal injections are an appropriate form of treatment for most men with erectile dysfunction, and at least 70 per cent of men will respond. Even men who are assumed to have vascular insufficiency may develop an erection in response to these drugs.

It is usually a simple matter to teach the patient self-injection. Apart from those with severely impaired mental function, there are no contra-indications to injection therapy. Systemic absorption of the drug is minimal, and although it may cause transient hypotension, this is not of clinical significance.

Complications in injection therapy

As with any injection, bleeding and bruising may occur. This is seldom a troublesome problem, although if a large haematoma develops, the patients should not inject again until it resolves.

Pain may occur after injection, not from the needle but as a result of the local effect of the drug.

Priapism is a complication of injectable agents, but occurs more frequently when papaverine is used. The dose of the drug which is required to produce an erection can vary from patient to patient, although in general terms those with an intact vascular system (men with psychological and neurological problems) are the most responsive and require smaller doses.

Providing the patient sticks to the dose which has been determined for him in the clinic, priapism should not occur after the initial dose of the drug has been given.

Priapism is dangerous as it can result in penile fibrosis if not treated promptly, and patients should always be told to seek urgent medical advice should an erection not subside after six hours. Most priapisms can be treated by injection into the penis of a vaso-constrictor such as pseudoephedrine. Initially, however, it may be worth trying oral decongestant preparations containing pseudoephedrine.

Penile fibrosis is the side-effect which has given most cause for concern. More common when papaverine is used, it has nevertheless been reported after use with alprostadil and moxisylyte. The incidence of fibrotic lesions in the penis can be decreased by teaching the patient to vary the site of injection.

Intra-urethral pellets of PGE1 are currently being developed and may be available in the UK. Some men will find the method of administration more acceptable than self-injection, but the results of this treatment are less predictable and high doses of PGE1 are needed.

Schwarz Pharma

Vacuum devices have a high success rate but are awkward to use

Vacuum devices

These consist of a vacuum chamber or sleeve, a pump to suck air out of the sleeve and create a vacuum in it and a tight band. The sleeve is placed over the flaccid penis and the pump, which can be battery-operated or manual, is activated.

As the vacuum develops in the sleeve, blood is sucked into the penis. When the penis is sufficiently erect, the band, which has previously been placed over the sleeve, is rolled onto the base of the penis, trapping blood within the penis and maintaining the erection until the band is removed.

If the patient is sufficiently motivated, a 70 per cent success rate can be achieved, but the quality of the erection is not as good as that obtained with intracorporeal injections.

Penile prostheses

A few men, usually those who do not respond to or cannot tolerate intracorporeal injections, will request a penile prosthesis. There are two main types, semi-rigid (malleable) and inflatable.

The most fearsome complication in prosthesis insertion is infection, which occurs in up to 5 per cent of cases and results in the prosthesis having to be removed. The operation of penile prosthesis insertion, by its very nature, destroys the erectile tissue, which is an important factor the patient has to consider prior to surgery if he still has some spontaneous erectile activity.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December, 1997.

Table 3: advantages and disadvantages of the methods of treatment of erectile dysfunction

	Advantages	Disadvantages
Psychotherapy	The most 'natural' method of treatment	Time-consuming Requires co-operation from partner Poor success rate
Oral medication and testosterone supplements	Generally acceptable to the patient	Poor success rate
Injection treatment	Good quality erection Useful in rapidly restoring confidence 70% success rate	Not spontaneous Requires self-injection Risk of priapism Risk bruising Risk of penile fibrosis
Vacuum devices	No needles involved 70% success rate	Not spontaneous Poor quality erection Considered 'socially unacceptable' by some patients
Penile prosthesis	Good quality spontaneous erection	Requires surgery, which destroys the patient erectile tissue Flaccidity compromised, particularly with semi-rigid prostheses Risk of failure due to infection, erosion or mechanical failure

ACTION PLAN

1 In the course of a day, make a note of the number of prescriptions for drugs with erectile dysfunction as a side effect

2 How would you approach the subject if a male patient asks about side effects of such drugs?

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So what are you waiting for? Sign up for our telephone marking service and accreditation for just £12.50 (plus £2.19 VAT). To register, or for further information, contact Cynthia Anderson-Doble, *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. Tel: 01732 364422 ext 2269.

To Cynthia Anderson-Doble. Please enrol me for the **Pharmacy**update telephone marking service for a period of 12 months. I enclose a cheque made payable to Miller Freeman plc for £14.69.

(Please use block capitals)

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..... Postcode.....

Daytime phone number..... fax.....

Signature..... Date.....

Send this completed form to:

Cynthia Anderson Doble, Chemist & Druggist, *Miller Freeman plc, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.*

X

'Cot deaths' on the rise again

The number of 'cot deaths' rose 6 per cent in 1996, the first rise for eight years, according to latest statistics.

Last year, 499 babies died unexpectedly in the UK, increasing the mortality rate by 0.1 per cent to 0.7 deaths per 1,000 live births.

Since the Foundation for the Study of Infant Deaths launched its 1991 'Reduce the Risk' campaign, the cot death rate (to 1995) had fallen by 61 per cent, most dramatically between 1991 and 1993 when it dropped 50 per cent from 1.4 to 0.7 sudden infant deaths (under one year) per 1,000 live births.

FSID's secretary general, Joyce Epstein, says: "While every baby's death is tragic, the rise is small and parents shouldn't feel unduly panicked. We don't know exactly why this has occurred, but we hope it is just a one-off rise."

In England and Wales, 85 per cent of sudden infant deaths occurred in babies under the age of six months. The death rate was higher for baby boys (61 per cent) than girls (39 per cent).

The group warns against complacency after the dramatic reduction in cot deaths in the 1990s. The organisation's plans include the launch of further 'Reduce the Risk' presentations to babysitters, parents and professionals by 100 trained volunteer speakers, including parents of babies who have died prematurely, at the end of September.

FSID's earlier 'Reduce the Risk' campaign recommended measures to reduce baby mortality, such as putting babies to sleep on their backs, stopping smoking when pregnant, keeping the baby's head uncovered and not letting them get too hot.

No room for complacency in the fight against sudden infant death

MS's common denominator of care

The Multiple Sclerosis Society has called for a 'common denominator of care' for the 85,000 people suffering from the disease.

It has drawn up the first comprehensive standards of care for health professionals dealing with four phases of the disease: diagnosis, minimal impairment, moderate disability and severe disability.

Although disease-modifying drugs are emerging, there is still a lack of knowledge about the scope of treatment and self-management techniques available, which the guidelines hope to address.

In addition, information on the physical and psychological aspects of the disease and its management needs to be available to sufferers. Without it, minimal impairment may lead to more serious problems such as those connected with posture, tone management and bladder function.

Snap on the compression stockings

Compression systems should be used routinely in uncomplicated venous leg ulcers because it significantly improves healing, according to a study in the *British Medical Journal*.

Researchers in York found the use of compression systems improved the healing rate of venous leg ulcers when compared to no compression.

They reviewed 24 randomised controlled trials for the clinical and cost-effectiveness of compression systems in treating such ulcers. They found high compression to be more effective than low, although this should be avoided in the presence of arterial disease. However, differences between the compression systems, such as multilayer and short stretch bandages, were not established.

Intermittent pneumatic compression used with routine compression increased healing rates.

The quality of research into this field was found to be generally poor. Papers often lacked details such as method of bandage application, experience of staff and patient's mobility.

The authors conclude that the use of correctly applied high compression treatment should be encouraged, rather than advocating the use of one particular system.

Migraine – yet another problem for teenagers to face up to

Many people mistakenly assume that migraine is an 'adults-only' problem, when in fact it can affect young children and is quite common in teenagers.

Independent research commissioned by Migraleve suggests almost one million UK youngsters between 11 and 19 years have migraine, and more of them claim to suffer from it than from acne (15 versus 14 per cent).

Speaking at the launch of Migraine Awareness Week, Dr Anne MacGregor, senior registrar at the City of London Migraine Clinic, explained: "During teenage years, the incidence of migraine can be seen to escalate quite dramatically, reflecting the fact that it is at this time of their lives that many migraine sufferers will have their first attack."

The incidence of migraine in youngsters is also on the increase, which she attributes to greater stress from society and school, and changing lifestyles.

"Poor diet is the biggest migraine trigger in children," said Dr MacGregor.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the October 11 issue, which will cover this week's CPP-accredited modules, together with those in the September 6 issue. In other words:

- Solvent abuse (1065)
- Nappy rash (1066)
- Erectile dysfunction (1067).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

UK tops list for asthma sufferers

The UK has the highest level of asthma in Europe, according to the latest asthma audit published by the charity National Asthma Campaign.

In 1996, the incidence of asthma attacks among people aged 20 to 44 in Cambridge was 5.7 per cent. In second place came the Parisians (4.3 per cent) followed by Athenians (4.2 per cent).

"There is a positive side to having the highest rate of asthma in Europe," says NAC spokesperson Marsha Williams. "It shows that our health professionals are more aware of the condition, and that people in the UK are well educated about the condition."

Nevertheless, in the UK, there are 3.4 million people, 1.5m children (aged two to 15) and 1.9m adults (aged 16 or over) who suffer from asthma – one in seven children and one in 25 adults.

A number of possible reasons were put forward for the high incidence in the UK. One theory proposes that changes in our environment, such as carpeting, double glazing and central heating, have created conditions in which house dust mites can flourish.

Other suggestions include a decrease in people's natural immunity due to vaccination, decreased intakes of vitamin C and fresh foods in diets, and air pollution, although there is no scientific evidence yet to prove that it is a cause.

There was little regional difference in the prevalence of the condition among children or adults, and little variation between rural and urban areas.

The number of adults seeing their doctor about asthma has trebled between 1971 and 1991. Three times as many children (aged five to 11) had reported an asthma attack in 1992 than in 1982.

In the last ten years, the death rate from asthma has decreased for every age group except those aged 75 and over. In 1995, 1,621 people died from asthma in the UK, 98 per cent of whom were adults.

Asthma prescriptions in England cost the NHS £438 million in 1993. Last year, asthma prescriptions accounted for 11 per cent of the total net ingredient cost of prescriptions.

Angiotensin-II antagonists – too early for first-line therapy

Although the emerging angiotensin-II antagonists fulfil all the criteria for the ideal antihypertensive, first-line use is limited by lack of mortality/morbidity evidence.

Losartan, introduced in 1995, and irbesartan, launched earlier this month, have a once-daily dosage, a 24-hour duration of action and low incidence of side-effects and adverse reactions. However, factors other than efficacy and tolerance need to be considered before they are routinely prescribed as first-line therapy, says Dr Adam Jenkins, a Middlesex GP who was speaking at a seminar on angiotensin-II antagonists.

As well as mortality/morbidity studies which are currently being conducted, multiple risk factors such as obesity, hypercholesterolaemia and family history also need to be looked at when choosing a suitable antihypertensive regime.

Another problem with treating hypertension is patients' loss of confidence in drugs prescribed to them, particularly in terms of side-effects. The improved tolerability of the angiotensin-II antagonists may make them more suitable. It is, therefore, essential to treat each cases individually. "It is important to treat patients as you would yourself," concluded Dr Jenkins.

Until recently, chronic daily headache was often misdiagnosed as migraine. Fawz Farhan finds out the facts about this newly-recognised syndrome from Dr Andrew Dowson, director of King's College Hospital Headache Service and founder member of Migraine in Primary Care Advisers (MIPCA)

No everyday headache

Nurofen

We nearly all get headaches of one sort or another. Most common are the low impact muscle contraction/tension-type headaches, with migraine being the most common high impact acute headache.

Chronic daily headache, on the other hand, is a syndrome of headaches, usually a constant background tension headache superimposed by an acute, intermittent migraine. Because of misdiagnosis and inappropriate management, this mixed headache syndrome can become a chronic condition.

Migraine versus CDH

"A few years ago, chronic daily headache was not a recognised condition," says Dr Andrew Dowson. Patients were often misdiagnosed as having a straightforward migraine and so treatment was often inappropriate.

CDH is thought to affect 3 per cent of migraine sufferers. However, this number is probably a conservative estimate – as many as 70 per cent of people referred to hospital with 'migraine' turn out to suffer from CDH.

The International Headache Society's definition of CDH is headache symptoms on 15 days of each month for six months. Dr Dowson says this is an unfair definition, as headaches can upgrade and downgrade within that period. "And why does the patient have to suffer for six months when earlier intervention would be better?" he adds.

If you have more than three migraine attacks per month, further questioning on the background headache may reveal the real problem is CDH.

Risk factors

- **Familial factors**: familial patterns have been seen in CDH. Sixty to 70 per cent of children whose parents have migraine will become migraineurs. Those with migraine are also more likely to develop CDH, although some patients have only had tension-type headaches before.
- **Analgesic dependence**: those who take analgesics regularly are susceptible to CDH but, in reality, simple analgesics are much less of a problem than codeine-based drugs. Any painkiller can contribute to CDH, including paracetamol, aspirin and ibuprofen.
- **Head injuries**: those who have sustained head or neck injuries may upgrade to CDH.
- **Caffeine:** caffeine added to some analgesic combinations can also contributed to CDH. However, this problem is not as big in the UK as it is in the US, where caffeine-based analgesics are more prevalent. Doses obtained from drinking coffee are generally not significant, but a heavy 'espresso' drinker may experience withdrawal headaches.

It should be noted that ergotamine dependence may result in rebound headache. Ergotamine is used in migraine sufferers who do not respond to analgesics. However, if it is taken more than twice a month or repeated at intervals of less than four days, dependence may result. With the decrease in usage of ergotamine, ergotism is less commonly seen nowadays.

Chronic analgesic use

The main problem with CDH is the long-term administration of analgesics. Because the syndrome is not a simple headache, analgesics will bring only transient relief of symptoms. As soon as the medication wears off, the pain returns and the sufferer again reaches for the analgesics.

Unfortunately, this leads to daily or near-daily taking of analgesics, which can itself perpetuate the chronic headache. The constant level of analgesia in the body leads to tolerance and a decrease in the pain threshold, so that each time the analgesic wears off the pain returns with an even greater vengeance. This vicious circle can only be stopped with the complete cessation of analgesics.

However, CDH is not always accompanied by analgesia dependence.

Management

"By the time people go to see their doctor, half of them have already worked out that the analgesics have been of no benefit and have stopped taking them," says Dr Dowson. In some cases, the analgesics themselves had made the condition worse.

Management consists of stopping the analgesic and encouraging the patient to do regular neck and shoulder exercises to alleviate any tension. A withdrawal headache may ensue and will last three to five days, sometimes accompanied by nausea and vomiting. After that time, symptoms start to improve and the headaches will gradually disappear.

Doctors may prescribe a tricyclic antidepressant, sodium valproate or a selective serotonin re-uptake inhibitor for CDH. Starting doses are below the usual indicated dose for the drug. SSRIs are reserved for late therapy.

The essence of CDH is that it is not a normal headache and that sufferers should be kept off the analgesics.

For chronic pain, such as arthritis or period pain, regular and prophylactic use of painkillers is often encouraged. This is not the case in headache, where painkillers should only be taken when needed and not prophylactically.

Pharmacist's role

Identification of CDH is a problem and pharmacists can play an important role in this area. A sufferer buying codeine-based analgesics regularly and in large quantities should be questioned further to establish the presence of CDH. If this is the case, they should be referred to their GP.

One interesting fact is that, because the condition is not widely recognised, a lot of patients prefer to be labelled as migraineurs.

● *MIPCA, PO Box 226, Richmond, Surrey TW9 1LU. A group of GPs, community pharmacists and practice nurses interested in the management of migraine.*

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Strategy for the 21st century

BPC 97 SCARBOROUGH

The Royal Pharmaceutical Society has launched the next stage of the 'Pharmacy in a New Age' initiative. A document, 'Building the future: a strategy for a 21st century pharmaceutical service', lays out the Society's agenda for the next 12 months and is being circulated to all pharmacists this week

The Royal Pharmaceutical Society is to appoint a full-time national co-ordinator, based in Lambeth, to help local co-ordinators develop its new strategy, the Society's president, Peter Curphey, told the British Pharmaceutical Conference in Scarborough.

The post will be advertised in October, so the person appointed should be in action by the beginning of next year.

Mr Curphey explained that there could be no set deadlines for the latest targets in the 'PIANA' process as they depended on decisions being made outside the profession, unlike last year's targets which were set by the profession.

1 Management of prescribed medicines The strategy to promote pharmacist prescribing will involve identifying what further skills may be required and developing the appropriate 'top-up' training, as well as convincing the Government and all other healthcare professions of the greater contribution pharmacists should make. A main plank in the argument will be that pharmacist prescribing in a broad range of circumstances, both in or outside the NHS, would save some patients unnecessary journeys and spare doctors unnecessary work.

Society president Peter Curphey spells out its agenda

Mr Curphey warned: "It is not going to be straightforward. Despite the doctors' massive acceptance of nurse prescribing, knowing nurses have very limited expertise, they have a huge suspicion of pharmacists. Much of it springs from our commercial location and that argument is proving a difficult one. I suspect it is rather more to do with dealing with a very independent-minded profession, remote from the surgery, and thus not fully under the doctor's control."

But, he added, with goodwill "we can achieve much of our ambition".

2 Management of long-term conditions The target is to identify a shortlist of major chronic conditions in which pharmacists can promote health gain and ensure that a repeat dispensing system is in place in most community pharmacies by 2001.

Mr Curphey said: "Working with patient groups and other healthcare professions we can expect to demonstrate our value by commissioning work."

3 Management of common ailments The Society intends to seek effective ways of promoting this role to the public, with Government backing. "It is our intention to re-enter dialogue with the industry and consumers after establishing all the health professions' views on this crucial part of healthcare," said the president. "The interaction and proper reward of the pharmacist in the interest of patients should be an issue we can all agree on."

4 Promotion of healthy lifestyles The secret is to be involved with other professions in promoting healthy lifestyle issues, said Mr Curphey. The Society will take the lead in encouraging others, including nutritionists, health visitors, social services and patient groups – particularly those supporting the elderly – to promote ways in which pharmacists can become involved in local activities.

5 Advice and support for other healthcare professionals The targets are to encourage support for pharmacists in forging better links locally with other healthcare and social services professionals, agreeing statements of common purpose on how to work together for the benefit of patients. Health authorities will be approached for support.

The aim must be to ensure that whenever treatment involves medication, other professions turn to pharmacists for advice.

6 Key supporting targets

- *Information.* The Society will continue to press the Department of Health to provide resources for interactive electronic links between both pharmacists and other healthcare professionals.

"We will intensify efforts to convince policymakers, other healthcare professions and patients on [the need for] pharmacists' access to relevant patient information," said the president. An IT management group will be established within the Society.

- *Education and training.* Council has already agreed in principle to progress towards mandatory continuing professional development. The ultimate goal must be to guarantee pharmacists' competence to practise, Mr Curphey said.

Analysis of the first responses to a questionnaire sent to 2,000 pharmacists suggests that four out of five do not comply with the Code of Ethics' guidelines on 30 hours of continuing education a year.

"That cannot be right. We must put our house in order," he said. He was convinced that continuing education should not be voluntary, but the ramifications of making it mandatory were "enormous", such as the possible need for a dual register and what action to take if a pharmacist was unable to undertake the required number of hours.

Council was taking some time to decide on how and when to introduce mandatory education, although Mr Curphey believed the decision should be made fairly quickly.

Another target is to complete the development of a revised competency-based pre-registration year.

- *Evidence base.* A serious fund-raising effort will be made early next year to attract private sector investment to drive forward research on the value of pharmacy – evidence which will "inform ourselves and convince our paymasters".
- *Standards of practice.* The Society will continue to review professional standards and guidelines to meet changing needs, and will announce the results of a complete overhaul of the Society's disciplinary machinery.
- *Remuneration.* The Society is to explore, with others, new models of remuneration that will reward pharmacists for their professional intervention. A meeting with the Pharmaceutical Services Negotiating Committee is planned to take place in early October.
- *Pharmacy distribution.* A consensus view of how to tie pharmaceutical needs to contract distribution will be openly debated and progressed.

"If closures, mergers and multi-pharmacist pharmacies are the end-point, I will be encouraged that the profession can survive," Mr Curphey said. "If the law of the jungle is the rule, I cannot be so optimistic."

- *Improvement of premises.* The aim is to find out customers' views on privacy in pharmacies and seek support, including from health authorities, to provide better facilities.

Mr Curphey said: "The future is nothing less than a complete remodelling of the profession, building on and developing our strengths, which surround the supply of medicine, and forging new ways of working and a whole new way of thinking."

BPC 97 SCARBOROUGH

Delegates took the opportunity to relax at Sunday night's welcome evening prior to getting down to business at the conference on Monday (more pictures on p28)

Some regular faces at the BPC, Miall James (left)) from Benfleet, Essex, chats with senior RPSGB Council member Bill Darling, South Shields, (centre) and Philip Anson from the Eastbourne Branch

Boots' pharmacist Suzanne Nicholls (right) from Exeter, with her sister Marianne (also a community pharmacist) and John Salisbury from Cardiff

Brian Hardy (left), who works for the Ministry of Defence and is based in Plymouth, with Alan Davidson, secretary of the International Pharmaceutical Federation (FIP) in The Hague

A pickle of doctors? From the left: Dr Graham Buckton (University of London), Dr John Clements, from the Royal Pharmaceutical Society staff, Dr Sheila Stevens (Stirling Branch), Dr Rosemary Leak (Glaxo Wellcome, Ware) and Professor Howard Stevens from the University of Strathclyde, Glasgow

C&D's news reporter, Charles Gladwin (left), talks to Dr Steven Kayne from Glasgow, who, like quite a number of the delegates, had only recently returned from the FIP Congress, which was held in Vancouver

D'Arcy Ryan (left) from Preston, Lancashire, and his wife, Catherine, with overseas visitor Peter Lorimer from Auckland, New Zealand, and May Feather, from Bradford

From the left: Sally Siklos (Bury St Edmunds) with Catherine Sharpe, Hayley Wickins and James Hinton, all from the University of London

Roger Phillips (left) from Sutton Coldfield with Laurie Lichtenhein from Ipswich

Professor James Ford from Liverpool John Moore's University (left), Cath McClelland from the School of Pharmacy at Brighton, and Dr Ali Rajabi-Siahboomi, also from Liverpool

Age of information arrives

The arrival of the information age will fundamentally change health services, predicts Dr Richard Smith, editor of the *British Medical Journal*.

Medicine is a knowledge-based business and yet our management of clinical information is desperately poor, he said in Monday morning's professional keynote address. "Doctors are overwhelmed with poor quality information, but most of the many questions that arise during consultations remain unanswered."

He thought the spread of the World Wide Web would also change the relationship between doctors and patients, who would cease to be patients and become partners.

Armed with information from the Internet, patients were already becoming smarter than doctors, he said. Ultimately, consumers would control their own healthcare, using professionals more as facilitators to help them make decisions based on information gained elsewhere.

Dr Smith said that the health services were probably due for a fundamental structural change. Most large sectors of the economy – transport, manufacturing, financial services and telecommunications – had been through such change during the past 20 years, but the health services had not.

Managers might well start to manage the heart of the business – the delivery of services to patients. "At the moment, they are not managing that central part of the business," he said. "It's as if McDonalds managed only the facilities and had nothing to do with the food."

He thought that pharmacists, doctors and nurses – who knew about clinical matters – would gradually develop managerial skills and play a greater part in health service management.

The gap between what could be offered and what could be afforded would continue to drive services, as would the arrival of molecular biology into the heart of clinical practice. He thought the new biology would not do the same for chronic disease as antibiotics did for infectious disease, but it would deepen understanding and open up new methods of diagnosis, prevention and treatment.

Dr Richard Smith, editor of the *British Medical Journal*

Standardisation call

Many commercial preparations of feverfew are not the same as those found to be beneficial in clinical trials.

Professor Stan Heptinstall said that only four out of 22 commercial preparations tested contained similar amounts of parthenolide, which is believed to be responsible for feverfew's anti-migraine effect. Ten contained much smaller amounts, while it was undetectable in eight.

"Clearly better standardisation of commercial preparations is required," he told Wednesday's pharmacognosy session.

The clinical trials all used a species of *tanacetum parthenium* indigenous to the UK. The material was derived from plants authenticated by botanists, it contained pure leaf material and had a defined parthenolide content of between 250-800mcg.

There was good evidence that feverfew reduced the frequency and severity of migraine attacks, the speaker continued. A trial in rheumatoid arthritis failed to show benefit, but neither had the patients responded to other more conventional treatments.

Professor Heptinstall said that extracts of feverfew inhibited the release of serotonin from storage granules in blood platelets, which would be relevant in migraine, although the exact mode of action was uncertain.

New anti-cancer agents

The increasing interest in the role of polymer-proteins in cancer chemotherapy was highlighted by Professor Ruth Duncan of the Centre for Polymer Therapeutics, London School of Pharmacy.

Professor Duncan explained that there are an increasing number of polymer-drug conjugates undergoing clinical testing, with some polymer-protein anti-tumour drugs already on the market.

By conjugating a toxic hydrophobic drug to a hydrophilic polymer, the drug can be delivered to specific cells where the conjugate can be degraded enzymatically or hydrolitically to release the drug.

Professor Duncan's work has looked at conjugating doxirubicin to a polymer backbone with a peptide link, a mechanism which will allow other polymeric compounds to be evaluated. Her team is looking to find a suitable polymeric platinate for clinical evaluation, as well as identifying novel, safe biodegradable polymers.

She predicts polymeric vectors will be of use in delivering olgionucleotides or even gene therapeutics. But to realise the full potential of polymer therapeutics in cancer therapy, she says an interdisciplinary approach will be required.

Working to manage breast cancer

Professor Paul Nicholls: science and care can work together to manage breast cancer

Community pharmacists need to be properly informed about breast cancer if they are to help the 110,000 British women who suffer from the disease at any one time.

Not only do pharmacists need to be able to discuss the drugs used in cancer therapy, they should also be aware about the other cancer treatments, as well as issues such as quality of life.

This was one of the messages contained in BPC science chairman Professor Paul Nicholls' address on Monday. He gave an overview of how science and care work together in breast cancer management.

Part of the caring aspect involves educating the patient. Community pharmacies are well placed as a centre of education in this field, he said, but recommended that more modern techniques, such as touch-screen video monitors, be used to provide the information on such a sensitive problem.

Professor Nicholls outlined the problems sufferers face, such as the stress of knowing that breast cancer can be life-threatening and the stigma that still surrounds it in many cases, as well as uncertainty about the disease caused by a lack of access to information.

"It is vital you really know how the drugs work and their possible toxic effects for the well-being of the patient," he told delegates. But with this there is a need for a more holistic approach.

Pharmacists can play a part in raising awareness of risk factors. High levels of oestrogen increase breast cancer risk, but causes of high oestrogen include obesity in postmenopausal women, fat content in diet, and there is also a possible link with alcohol intake. Other risk factors include genetic factors, age of menarche and age of menopause.

Similarly, there are risk reduction factors, such as breastfeeding, which switches off oestrogen production; high-fibre diets, which decrease absorption of exogenous oestrogen; and high levels of exercise. Professor Nicholls suggested that prophylactic tamoxifen may also play an increasing role in the future.

Above all, early detection is the key, as it improves prognosis. It is important that women do not delay in seeking advice and, again, this is an area where community pharmacists can play an important educational role. Part of which should be the reassurance that nine out of ten women presenting with symptoms will not have an abnormality associated with cancer.

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BPC 97 SCARBOROUGH

Some of the 950 people attending this year's conference meet up with old friends at the on Sunday evening

A Yorkshire contingent (from the left): J D Khan, chairman of the Young Pharmacists' Group with fellow YPG member and secretary of the Sheffield Branch Julie Harvey, Irene Gummerson from Wakefield and Janet Ward and her husband, Brian

Derek Lawson, secretary to the Pharmaceutical Society of Northern Ireland, with Jean Jepson

Rosemary Nicholls, wife of the Conference science chairman, and Dr Joseph Chamberlain, the man on the Society's staff responsible for the science programme

From the South Coast (left to right): Philip Sloane, CPPE tutor Sheila Beaumont (Brighton), Ian Stephens of Watts & Co (Chemists) of Brighton, Dr Roy Daisley from the School of Pharmacy at Brighton University and Philip Anson, Eastbourne

Mike Beaman from Barnet Health Authority (left) with Roger Odd, the head of the RPSGB's practice division

York pharmacist John Savage (standing, left) with David Kearney (centre) and Peter Griffith (Cardiff), and (seated, left to right) Margaret Savage, Joyce Kearney (APS/Berk) and Margaret Griffith

From the pharmacy department at King's College London (front, left to right) Dr Jayne Lawrence, Warangkana Warisnoicharoen, Reem Kayyali, and (standing), Xian Ming Zeng and Nilesh Patel

Joy Wingfield, of the pharmacy superintendent's office, Boots the Chemists, Nottingham, with the PSNC's Gordon Geddes from Aylesbury

These Scots were not celebrating the devolution vote (left to right): Margaret Jefferson and her husband, Gordon (past secretary at the RPSGB's Scottish Executive), with David Mallinson (Lanarkshire Health Board) and his wife, Diana

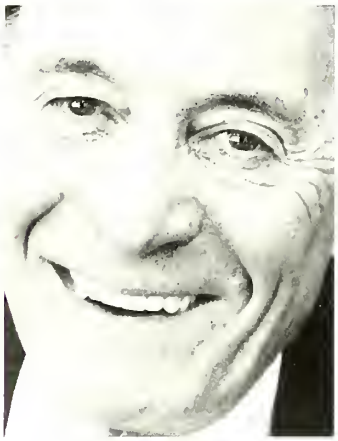
Alan Hunter (left) from Hampton, Middlesex, who handles regulatory affairs for Nelsons, with Penny Beck from Tesco head office, RPSGB Council member Alison Blenkinsopp and Dr John Roe of Mundipharma International, Cambridge

'A therapeutic partnership'

Both the medical and pharmaceutical professions have been embarrassed recently by highly-publicised reports of prescription fraud, including cases in which GPs and pharmacists have colluded to defraud the NHS by issuing unnecessary and even bogus prescriptions, the chairman of the British Medical Association, Dr Sandy Macara, said at the BPC banquet on Tuesday.

"Leaving aside the idiocy of such action, which is bound to come to light later if not sooner, both professions must unequivocally condemn such disgraceful conduct," he said. "As always, prevention is better than cure and we must work together to impress upon all our members the absolute imperative of ethical prescribing, particularly when public funds are involved."

However, he cautioned, arrangements for scrutinising prescriptions must be such as to protect patient confidentiality.



Dr Sandy Macara

Another topical issue which gives rise to serious concern is the continuing offering to doctors by "less ethical pharmaceutical companies" of improper inducements to favour one product against another.

"I am particularly concerned about the converse situation in which a small minority of doctors have brazenly solicited improper rewards for participating in drug trials. Our two professions must work together to eradicate these dishonourable practices," said Dr Macara.

Royal Pharmaceutical Society's president, Peter Curphey, supported Dr Macara, saying that thankfully their numbers [of colluding doctors and pharmacists] are small, but the problem is magnified when they meet and collude. However, he said, there is so much that is good, we should remind ourselves of the success of the health service.

Mr Curphey also suggested that the two professions could enter a therapeutic partnership and he was very encouraged by his discussions with the medical profession.

Professor Paul Nicholls, a non-pharmacist, said he was very much pro pharmacy. Paraphrasing David Knowles from Exeter (who said that computers can't cuddle), Professor Nicholls said: "You're not the caring profession, you're the cuddling profession."

He told pharmacists to stop looking at their collective navel and to look outwards. "Be brave and go out with all the knowledge and skills you have."

Jacqueline Doyle, pre-registration student at Whiston Hospital, Liverpool (centre), found that prescribing of ACE inhibitors is often inappropriate. With her are Sara Clement, a fellow pre-reg (left), and Helen Stubbs, pharmaceutical adviser, Liverpool Health Authority

Practice research shows value of pharmacist input

BPC 97 SCARBOROUGH

Practice research posters have again highlighted how pharmacists can reduce unnecessary medication

● **A study in Northern Ireland has revealed a need for more rational prescribing for the elderly, especially those in care.**

Pharmacists reviewed 120 patients' medication and made 155 interventions for a variety of reasons, mostly because the medicine seemed to be unnecessary or because of concern over length of treatment.

In half the cases, GPs agreed to review medication and 46 drugs were discontinued in the nursing and residential home patients (a 7.6 per cent reduction in drugs prescribed). The impact of pharmacist intervention was not significant in patients living in the community, however.

(*G O'Reilly-Smyth, C M Hughes, Pharmacy Practice Research Group, the Queen's University of Belfast*).

● **Another study of elderly people showed how pharmacist intervention could prevent drug-related problems and hospital admissions.**

Data collected from ten hospitals in Tayside found that over one-third of drug-related problems and admissions were "definitely preventable", while half the problems and 42 per cent of the admissions were "possibly preventable". These authors, too, concluded there was room for rationalisation in prescribing.

(*G Cunningham et al, Robert Gordon's University, Aberdeen, and Dundee Teaching Hospitals Trust*).

● **A study in Liverpool revealed inappropriate prescribing of ACE inhibitors, an expensive item on the health authority's drugs bill.**

Many patients were being prescribed these drugs for hypertension, even though they had no contra-indications for the first-line treatments of beta-blockers or thiazide diuretics. Conversely, many patients were not receiving ACE inhibitors for heart failure, although their benefits as a first-line treatment are well known.

(*J C Doyle et al, Liverpool John Moores University and Liverpool HA*).

Helen Evans (right), Smithkline Beecham's OTC marketing director, checks out the company's job opportunities with recruitment manager Kay Shiers, watched by human resources manager Michelle Kanuik (left) and consultant Sue Brooks

Flying the flag for the PPD at the Pharmex exhibition were media producer Keith Miller and communications manager Deborah Nicholls

PSNI president Dorothy Graham (left) and secretary Derek Lawson (right) mark time while Ronnie McMullan from the CSA in Northern Ireland exchanges notes with the PPA's database manager, Ann Connolly

● **Among patients taking allopurinol, 68 per cent were prescribed at least 50mg a day more than the BNF guidelines for their renal function.**

Patients with impaired renal function were as likely to get an excessive dose as those with good renal function, and most people who were admitted to hospital on an excessive dose continued on that dose during their stay. Both primary and secondary healthcare professionals should be more aware of the need to adjust allopurinol dosage according to renal function.

(*I T S Cunningham et al, Robert Gordon University and Aberdeen Royal Infirmary*).

● ***H pylori* eradication therapy led to an annual saving of £28,000 a year, following a review of peptic ulcer patients in 14 GP practices.**

Pharmacists helped to devise an algorithm giving guidance on when to prescribe eradication therapy, and subsequently managed the process. Nearly half the patients most likely to benefit were given the treatment, resulting in over half no longer needing acid-suppressant drugs.

(*E A Taylor et al, Keele University, South Cheshire Health Authority and Manchester University*).

● **Working over 40 hours a week and not taking a lunch break is linked with decreased job satisfaction in women and higher anxiety scores in men, a survey of employee pharmacists shows.**

But for male managers, working more or less than 40 hours a week made no difference to job satisfaction, whether or not they stopped for lunch. Among women taking lunch breaks, the number of hours worked made no apparent difference to either job satisfaction or well-being.

Over 40 per cent of all managers worked throughout the day without a break, the practice being slightly more prevalent in multiples than in independents.

(*V J Willett et al, Manchester School of Management and Manchester School of Pharmacy and Pharmaceutical Sciences*).

● **Over 75 per cent of people in a survey in Bristol had asked a pharmacist for advice on a minor illness or symptom.**

The main reasons for not visiting a pharmacy for advice were:

● "Pharmacists don't know enough about my health" (41%)

"I would always ask a doctor for advice on health" (35%)

● "I don't like being questioned and advised by assistants" (34%)

● "I don't ask for advice as other people may overhear" (31%).

Only five of the 223 respondents said they had never bought a medicine from a pharmacy.

In another study, the researchers found that 82 per cent of 1,174 people questioned in south east Wales agreed with the statement: "Pharmacists know a lot about minor health problems." Most said they would seek neither a doctor's nor a pharmacist's advice if they were to develop constipation, heartburn or a dry cough, but about half would consult a doctor about red eye or backache.

For all five conditions, less than one-third said they would ask a pharmacist for advice, while a small number would see

Alias Smith and Jones? Mel Smith (left), professional relations manager for Reckitt & Colman chats to Ian Jones, professor of pharmacy practice at Portsmouth University

GPs more appreciative of pharmacy services

How happy GPs are with pharmacists and how happy pharmacists are with remuneration were two of the research topics presented to Tuesday morning's practice session

a GP about constipation, heartburn or dry cough.
(*D N John et al, Welsh School of Pharmacy*).

● **Group counselling sessions for patients taking warfarin are more effective and more cost-effective than counselling on an individual basis, say pharmacists working for Wirral Hospital NHS Trust.**

It can take 20-30 minutes to counsel an individual patient, whereas a group session for patients all requiring the same basic information saves time and encourages interaction. Setting up a warfarin counselling class has meant more patients being counselled before discharge, standardised information being given and improved patient knowledge. It also appears to have increased patients' interest in their treatment.
(*C H Li et al*).

● **Community pharmacists still spend most of their time dispensing (mean time 37 per cent), according to a survey in a national multiple.**

Prescription monitoring, including checking and interpretation of the script, accounted for a mean time of 12 per cent. Counselling patients on dispensed medicines accounted for nearly 7 per cent, as did managerial functions, while counter prescribing accounted for nearly 6 per cent. NHS activities took up over two-thirds of a pharmacists' time.
(*P M Rutter, Moss Chemists et al, University of Portsmouth*).

● **GPs are increasingly appreciating the services of community pharmacists.**

Just over three-quarters of GPs questioned in Gateshead and South Tyneside Health Authority believed pharmacists should not limit their role to dispensing and advising on medicines.

Almost as many (74 per cent) agreed their workload would decrease if pharmacists were allowed to supply free medicines from an agreed formulary to those who were exempt from prescription charges. Only 15 per cent disagreed that this would encourage irresponsible and excessive supplies of free medicines.

Just over half thought pharmacists should be paid to carry out medication reviews for certain patients; 33 per cent believed that pharmacists should be more closely involved in monitoring chronic disease, and 36 per cent thought pharmacists should be able to alter therapy within agreed guidelines. Only 10 per cent felt they had little or nothing to gain from sharing information from medical records, but 31 per cent were undecided.

Most (88 per cent) of the 83 GPs responding to the questionnaire agreed pharmacists improve therapeutic outcomes by reinforcing information given by prescribers. A similar proportion thought health authorities should actively promote community pharmacists as sources of advice and treatment of minor ailments, with 77 per cent disagreeing that this would lead to damaging delays in the diagnosis and treatment of serious disease.

Nearly half the GPs believed

Continued on P32 ▶

Female bladder discomfort

Your questions answered

Q How common is female bladder discomfort?

It is estimated that 50 per cent of women suffer from female bladder discomfort at some point in their lives. As many as one in three of these may have more than one attack.

Q What are the symptoms of female bladder discomfort?

Irritation on passing water, a feeling of incomplete bladder voiding, increased urgency and frequency are all typical of female bladder discomfort.

Q How effective are herbal remedies in relieving the symptoms?

A trial in women who had had at least one occurrence of bladder discomfort found that 96 per cent of those who took Uvacin had no recurrence of the symptoms more than a year later.

Q What is Uvacin and what is it made from?

Uvacin is a traditional herbal remedy for the symptomatic relief of short-term female bladder discomfort. Made from standardised extracts of dandelion, bearberry and peppermint, its diuretic action helps to flush out and cleanse the bladder and urinary tract.

Uvacin is a Medic Herb product, manufactured in Sweden for Medic Herb UK Ltd, a subsidiary of Lichtwer Pharma UK Ltd. Uvacin is available in 80-tablet packs, providing 13 days' supply at the recommended dose of two tablets three times a day (rsp £6.99). Call Chemist Brokers on 01705 219900.

Chairman of the Scottish Executive, Elizabeth Roddick (right), with PSNI president Dorothy Graham and secretary Derek Lawson

◀ *Continued from P31*

they would benefit financially from prescribing advice from pharmacists and only 11 per cent had never sought advice on therapeutic issues from their local pharmacist.

Although 64 per cent believed community pharmacies were ideal venues for health promotion, 48 per cent thought there was not enough privacy and a further 35 per cent were undecided. While 69 per cent thought pharmacists had the necessary skills to investigate and report potential adverse drug reactions, 22 per cent were undecided.

D McDermott and colleagues at Bede Pharmacy, Gateshead, and the Institute of Pharmacy and Pharmacy Practice, University of Sunderland.

● **The majority (91 per cent) of independents are dissatisfied with overall remuneration, a survey of over 300 contractors in England and Wales has shown.**

Those dispensing fewer than 2,000 items a month were significantly more dissatisfied, the most common reasons included working harder for less, and a belief that remuneration systems put small pharmacies at risk.

Most expressed some dissatisfaction with professional fees (80 per cent), the discount deduction scheme (89 per cent) and the professional allowance (68 per cent). Again, smaller contractors were much more unhappy with the latter two. Although there was some satisfaction with payment for prescriptions marked 'urgent' (38 per cent), almost as many had no opinion.

Dissatisfaction with professional fees has increased since a similar survey in 1992.

K A Thomas et al, Division of Pharmacy Practice, University of Portsmouth.

● **Racial differences: white and ethnic minority pharmacists differ in their motivations, practice patterns and employment.**

When opting for pharmacy, ethnic minority pharmacists were much more likely than whites to have been influenced by the profession's respected status.

Ethnic minority pharmacists were also more likely to have been influenced by the potential for business ownership. In practice, ethnic minority pharmacists were more likely to work in the community and more likely to be working for themselves.

If the opportunities for buying businesses are decreasing and more pharmacists are becoming employees, structural changes in the profession are likely to have the greatest impact on the ethnic minorities, the researchers say.

K Hassell and colleagues, Universities of Manchester and Aston.

● **A quarter of people aged over 75 have not visited a pharmacy in the past year, a survey has shown.**

Otherwise pharmacy usage was high – with 89 per cent of a sample of 1,882 adults saying they had visited a pharmacy in the previous 12 months.

The study did not seek to find why the elderly had not been to a pharmacy, but other studies have shown it is because someone else went on their behalf.

"A large proportion of people who are very vulnerable to medicines-related problems do not have easy access to a full pharmaceutical service," the researchers say.

The people most likely to visit pharmacies are aged 25-44, in socio-economic groups 1 to 4 (that is, professionals, managers and intermediate or junior non-manual workers) and either work part-time or are not in paid work.

M P Tully, School of Pharmacy and Pharmaceutical Sciences, University of Manchester.

● **Providing pharmaceutical care. Only 48.5 per cent of pharmacists always or often made a conscious effort to provide pharmaceutical care services to patients with chronic diseases, says a survey in Northern Ireland.**

Most of the 230 pharmacists replying to a questionnaire were still mainly engaged in traditional duties such as prescription validation. Those who provided "more acceptable" levels of pharmaceutical care were less involved in dispensing, which they had delegated to other staff.

The researchers concluded that, for pharmaceutical care to become fully integrated into daily practice, professional bodies must encourage commitment to the concept.

H M Bell and colleagues, Pharmacy Practice Research Unit, the Queen's University of Belfast.

● **Is advice appropriate? Researchers at the University of Manchester are attempting to devise a means of assessing the quality of advice that is given in pharmacies.**

The researchers are using the Nominal Group Technique to develop criteria for assessing the appropriateness of advice. These include an assessment of communication skills, whether information gathered is sufficient, how the advice is given and rationality of the choice of product. Further research will involve statistical evaluation and reliability testing of the method.

P R Ward and colleagues, School of Pharmacy and Pharmaceutical Sciences, University of Manchester.

● **Pain management: self-medication schemes are increasingly being introduced on hospital wards.**

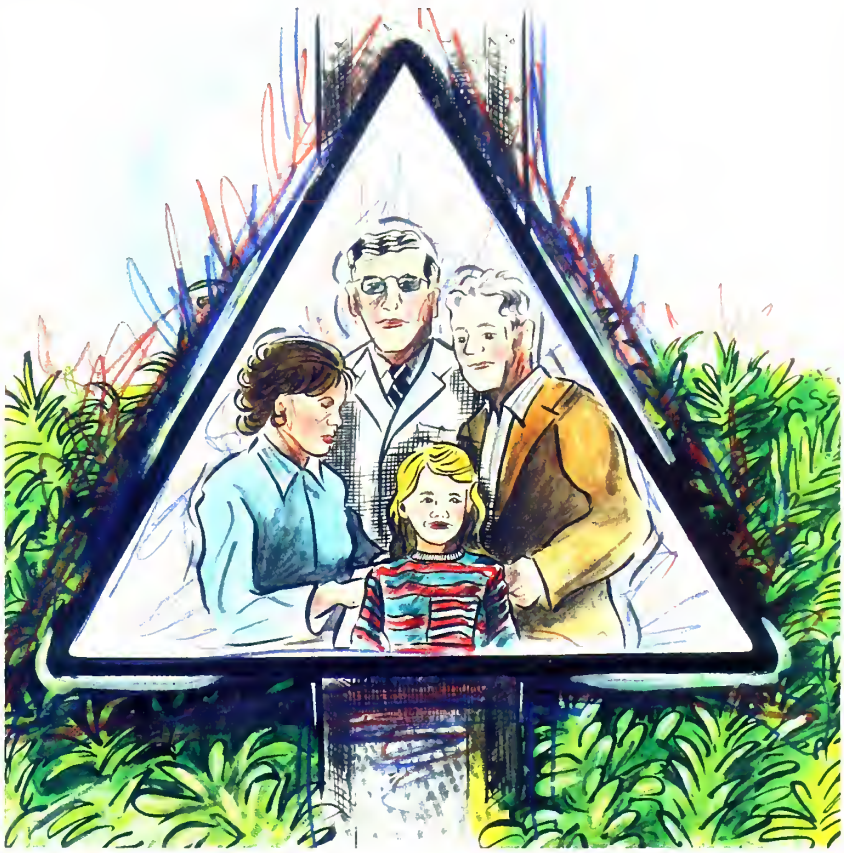
But one study suggests that self-administration of analgesia may be a barrier to adequate pain management. Nurses on wards where patients were self-medicating were less likely to ask questions about pain control, than they were on wards using the traditional system.

E I Schafheutle, University of Manchester.

Ann Hutton, from the British Society for the History of Pharmacy, chats to Council member Mark Koziol about the future of Birdsgrove House

The Neighbourhood Watch

When parliament introduced controls on the grant of NHS contract applications, it focused on providing adequate pharmaceutical cover to a neighbourhood, but just what does constitute a 'neighbourhood'? asks David Reissner, a partner at Charles Russell, Solicitors



Contract limitation arrived at the NHS ten years ago, but many issues remain as contentious now as they were then. Perhaps the most difficult is the meaning of 'neighbourhood'.

When parliament introduced controls on the grant of NHS contract applications in 1987, it made neighbourhoods the focus of pharmaceutical provision. Thus an applicant for new or additional premises must first satisfy the local health authority that granting the application is necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood.

The two exceptions are:

- a change of ownership of an existing pharmacy
- a minor relocation – provided that it is within the same neighbourhood.

Community

Anyone consulting a dictionary might conclude that a working definition of 'neighbourhood' was a place in which the people who live and/or work have something in common – a sense of community. The word is a geographical concept, but it cannot be divorced from people who are neighbours.

Court intervention

Increasingly, the question of neighbourhood has come before the courts.

In a Northern Ireland case, where the legislation uses the same key words as in England, Wales and Scotland, the High Court said a neighbourhood must be defined by reference to defensible criteria. It is not enough to draw a circle on a map, or pick out streets or boundaries arbitrarily.

Bizarre decisions, eg that the town of Bangor in Northern Ireland is a neighbourhood, have been quashed by the High Court.

In the Bangor case, Lord Justice Carswell decided:

- a neighbourhood is smaller than a 'locality'. It is a place in which the people who live are neighbours of one another
- in country districts, people are said to be neighbours, even though they live miles apart. The same can't be said of city dwellers
- physical features, like a river or a range of hills, may determine neighbourhood boundaries
- in an urban area, the layout of streets and the nature, character and use of buildings, as well as the size and distribution of the population, whether living or working in the area, may indicate the extent of the neighbourhood
- established dwelling patterns and the social or geographical allegiances of those who live, work or shop there must be taken into account, including the habits and movements of people in the area and the directions in which those habits take them
- the neighbourhood will be the same whatever the purpose for which it is determined, eg the provision of pharmaceutical services or the number of off-licences. Premises will not be in one neighbourhood when an HA is considering a minor relocation application and a different one if it is a 'necessary or desirable' application.

Bandwagon

What Lord Justice Carswell said seems eminently sensible and his judgment has been followed by judges in English cases.

The decision went largely unchallenged until Boots was dissatisfied with a decision to refuse its application for an NHS contract at Cribbs Causeway, a major retail park outside Bristol. The company took its case to the High Court, arguing it was possible to have a neighbourhood without any resident population. Mr Justice Tucker accepted this and a decision of the Family Health Services Appeal Authority was quashed. However, the Appeal Authority agreed it was possible to have a neighbourhood without a resident population, so the point was not fully argued.

This judgment has created a bandwagon which many have attempted to jump on as they try to persuade HAs and the Appeal Authority that NHS contracts should be granted in retail parks and superstores.

Mr Justice Collins followed the Cribbs Causeway judgment when quashing an Appeal Authority decision concerning the Tesco store at Brent Cross, north London.

Does it matter?

The courts have emphasised the importance of defining the neighbourhood properly in each case so that the adequacy of pharmaceutical services in it can be determined. However, there are a number of cases in which it may not matter at all. In a minor relocation case, the judge said that if it was obvious that two locations were in the same neighbourhood, it was not necessary to identify its boundaries.

In a 'necessary or desirable' case, Mr Justice Potts dealt with one of a series of battles in Humberside with dispensing doctors. In considering whether there was adequate provision of pharmaceutical services in a neighbourhood, he said it was important to look at the pharmacies outside the neighbourhood which provided services for people inside it. As a result, even if a retail park is a neighbourhood, the fact that there are no existing pharmacies in it may not mean it is necessary or desirable to grant an application for an NHS contract: adequate provision for people visiting the retail park may already be provided by pharmacies outside the neighbourhood.

In the Brent Cross case, Mr Justice Collins said it was unreasonable to expect shoppers who have travelled some distance to shop at Tesco to use other pharmacies nearby because they may not know where those pharmacies were.

It all depends on:

- whether shoppers are reasonably likely to need the service when shopping
- whether they are reasonably likely to make use of pharmacies elsewhere.

The future

With increasing development of out of town retail parks, pressure for pharmacy contracts in these locations will continue to grow. A great deal of money is at stake. Supermarket chains and others have taken heart from the judgment of Mr Justice Collins, but much will depend on local circumstances, with each case being considered on its own merits. It seems inevitable that the courts will be asked to scrutinise decisions and give yet more guidance to those involved.

Fret-free business format

You want to set up a pharmacy. You know a decent outlet in a good location and you have secured a loan from the bank. Before you go any further, think about the legal format of your business. As John McQueen explains, the wrong decision could prove costly

Anyone thinking of setting up a pharmacy business, or who already has one, should consider which is the best legal format for their operation because that could impact on personal financial affairs.

Businesses essentially come in one of three legal formats: sole traders, partnerships and limited companies.

Sole traders

This is the most common format and often the most sensible, especially for someone setting up a small business. A sole trader is an individual in business who is personally liable for the debts of that business. If he or she is married, then the spouse is not liable for the debts of that business. The same applies to two unmarried people living together.

The advantages of being a sole trader are that it is a simple, clear format and tax matters are easily dealt with. Anyone setting up or running a business that involves little chance of financial loss should adopt this legal format. Many people run part-time businesses from home, taking few risks and here it would be sensible to operate as a sole trader.

However, a sole trader who is running a business that involves real financial risks should reconsider their position. A pharmacist, for example, with a large overdraft is in considerable financial danger. If things go wrong, a bankruptcy order may be made against the pharmacist, who then faces losing his or her share of any jointly-owned home.

Many spouses seem to think their home is safe in the event of their partner's bankruptcy. This is not so. If a sole trader goes bankrupt, the trustee in bankruptcy can force the sale of any jointly-owned property to realise the bankrupt's interest in it.

Anyone planning to take risks as a sole trader should be aware of the risk to the family home. You could circumvent the problem by ensuring that the home is purchased in your spouse's name, which means the house is safe if you become bankrupt.

Partnerships

Some people run businesses as partners. There are two good reasons for doing this:

- tax allowances are given for each partner
- each partner has legal ownership of any business assets.

However, in my experience, this is usually the worst business format.

Each of the business partners is liable for all the debts. This means that all the partners are liable for all the debts if one partner goes off the rails or makes bad business decisions. If things go financially wrong for a partnership, then creditors can claim against any individual partner or all the partners together.

People sometimes leave a partnership and find later, when the business fails, that they are still liable for its debts.

Partnerships that run into financial trouble often turn out to be a complete legal nightmare for those involved.

Limited companies

The limited company business format is the most sensible for a relatively large business, and is the format I would recommend as an alternative to a partnership business. A limited company is a legal entity that is separate from the individuals who own or run it and, therefore, responsible for its own debts. As long as the limited company's financial gains are served only for itself, then the personal assets of those who run it cannot generally be touched if the company becomes insolvent.

This is the ideal format for a risk-taking enterprise. However, many directors of limited companies find themselves with a range of financial problems when a company fails. Directors can be made liable for certain tax liabilities of the company. They may also be liable to the liquidator of their company if they have taken borrowings from the company's loan account. Directors often draw loans from a company instead of wages for tax purposes. This can backfire if the company fails.

In addition, banks and other financial institutions commonly ask directors to give personal guarantees on loans to the company. Such guarantees, in effect, negate the limited liability benefits of a limited company. If the company cannot pay these guaranteed debts, the homes and personal assets of the directors who signed the guarantees are at risk.

The liquidator of an insolvent company may also sue directors it believes to be guilty of wrongful trading. If its case is upheld in court, the directors can be made personally liable for part or all of a company's debts. In addition, the court may disqualify them from managing any business for a prescribed period.

Running a business can be an exhilarating experience – but you needn't risk everything you own to do so.

John McQueen is chief executive of the Bankruptcy Association.

Biocompatibles' shares fall 49pc

Biocompatibles International's shares went into free fall last week after Johnson & Johnson refused to license the biotech company's leading product.

By the end of the week, Biocompatibles' share price had fallen nearly 49 per cent to 592.5p. When *C&D* went to press they had slipped to 585p.

The biotech company is talking to several international medical device firms to set up an alternative licensing deal.

J&J had been interested in Biocompatibles' PC-based drug delivery coatings, which comprise a chemical that prevents the body reacting adversely to materials, such as medical implants, contact lenses or cosmetics. Biocompatibles had claimed the coatings were ideal for stents – metal devices used to hold open blood vessels.

J&J, a leading player in the $800 million stent market, was initially interested. But it told Biocompatibles it would collaborate only with coatings that have a drug to reduce their restenosis further.

Biocompatibles' setback highlights again the fragile position of biotech shares. Their values have soared because investors hope the companies will launch 'blockbuster' drugs, but as no one knows whether they will succeed, investors react acutely to the slightest hitch.

Agreements with major companies give the biotech companies more credibility. That esteem is dented badly when the agreements are withdrawn.

The company, meanwhile, reported a loss of $11.4m on a turnover of $7.8m for the six months to June 30. Its research and development costs had grown 67 per cent to $5.8m, compared with the same period last year.

Its cardiovascular sales doubled to $3.7m, mostly because J&J had bought its stent delivery catheters. The J&J setback, however, has forced Biocompatibles to lower its sales expectations during the second half.

The company's eye care sales rose a fraction to $2.8m.

Skyepharma to raise £7.4m from shares

Skyepharma plans to raise $7.4 million through a placing of 17.3 million shares because it is short of cash.

The company says it spent more than anticipated this year, partly because it has experienced delays on products being developed by two subsidiaries, Jago and US-based Brightstone. It also acquired a former Wyeth Laboratories' plant at Lyon in January.

Skyepharma's shares fell 19.5p to 49p after the placing was announced.

The shares, priced at 45p, will expand its capital by 5 per cent.

Skyepharma stresses the outlook is good. Jago is applying its Geomatrix oral drug technology for some major companies. Two of the drugs it is working with have combined sales of $2 billion. Another drug in the cardiovascular category has the potential to be worth more than $1bn.

One of these products is currently in phase III clinical trials and will be filed before regulators later this year. The other two will probably not be filed before 1999.

Jago is also working on Zileuton, a treatment for chronic asthma, for Abbott Laboratories and says the drug should be filed early next year.

Brightstone recently filed two drugs in the US: isosorbide 5 mononitrate (ISMN), which treats angina pectoris; and iopamidol, a generic used in X-ray imaging and diagnostics.

Brightstone expects to make another six filings by the end of next year.

Skyepharma reports a pre-tax loss of $10.2m for six months to June 30 – more than double the shortfall over the same period last year. The company's turnover, meanwhile, rose 205 per cent to $6.5m.

Bioglan Pharma buys Pharmasol

For an undisclosed sum Hitchin-based Bioglan Pharma has acquired Pharmasol, a contract manufacturer of aerosol products, liquids and creams for the pharmaceutical and healthcare industries.

Pharmasol is privately-owned and its site in Andover, Hampshire, includes a 3,066sq m plant, giving Bioglan extra capacity to produce dermatologicals and Glytrin, described as the only non-CFC aerosol of glyceryl trinitrate.

Pharmasol reported pre-tax profits of $358,000 on a turnover of $4.2 million for the year to August 31, 1996. Its gross margin was 41 per cent.

The acquisition will bolster Bioglan's prospects as it prepares to float on the stock market next year. It expects to be capitalised at $200m.

Cortecs seeks European approval for Macritonin

Cortecs International is seeking regulatory approval for Macritonin, an oral treatment for osteoporosis, in Ireland and Finland.

The biotech company will lodge applications in seven European countries by the first half of next year. It says the drug could be available in a European market by next June.

One report suggests the drug's annual sales could top $300 million. The global injectibles market is worth about $800m, although Cortecs believes Macritonin could expand this.

It signed a deal with Ferrer Internacional, Spain, to market Macritonin in Europe, and it is discussing similar deals with several major companies.

Cortecs will begin phase III trials for Macritonin in the US by early next year. European phase III trials for the drug are said to be promising.

Substantial research and development costs, meanwhile, resulted in a pre-tax loss of $11.7m for the year to June 30. The loss was up 208 per cent on that of the previous year.

Fewer milestone and licensing payments cut the company's turnover by 27 per cent to $7.7m.

Founded in Australia, the firm is set to form a new English arm called Cortecs plc, which will become the holding company of the group. Cortecs is already quoted on the London and Australian Stock Exchanges. Cortecs plc is expected to be listed on the London market later this year.

How do you cope if you have the only pharmacy on a small island, especially if its population doubles during summer? Jan Boardman, who has been running a pharmacy in Alderney on the Channel Islands for almost ten years, says efficient stock control is vital. AAH Pharmaceuticals sends her ethicals by plane within 48 hours, whereas OTC medicines take longer because they are shipped in. To make her business more efficient, Ms Boardman has invested £1,700 on the latest Link software for pharmacies which she bought from AAH

COMING EVENTS

MONDAY, SEPTEMBER 22

North Wales & North Powys Branch, WCPPE
Rossett, near Wrexham. 'An epilepsy update'.

South East Wales Branch, WCPPE
Cwmbran. 'Evidence-based palliative care'.

TUESDAY, SEPTEMBER 23

Bristol and District Branch, RPSGB
Southmead Post-Grad Medical Centre, 7.30 for 8.00pm. 'Skin cancers' by Dr Jane Sansom, Bristol Royal Infirmary.

Oxfordshire Branch, RPSGB
St. Edmund Hall, New College Lane, opposite Queen's College, 7.30pm. Cheese & wine evening.

Harrow & Hillingdon Branch, RPSGB
Clinical Lecture Theatre, Northwick Park Hospital, 7.30 for 8.10pm. 'Aromatherapy' by Tisserand Aromatherapy Products.

West Wales and South Powys Branch, WCPPE
Llanrhystud. 'Prostate disease and incontinence'.

WEDNESDAY, SEPTEMBER 24

Ayrshire Branch, RPSGB
Piersland House Hotel, Troon, 8.00pm. 'Coping with asthma' by A Wainright, National Asthma Campaign, Scotland. Sponsored by Evans Medical.

THURSDAY, SEPTEMBER 25

West Wales & South Powys Branch, WCPPE
Port Talbot. 'Drug misuse and syringe needle exchange'.

Shire reports slide into the red

Shire Pharmaceuticals recorded a pre-tax loss of $0.1 million on a turnover of $23.1m – up 9.6 per cent – for the year to June 30.

Last year, the group's profits were $2.7m, although it stresses that result was exceptional because it had received a one-off payment from Janssen Pharmaceutica for its licensing and development work on Reminyl (galantamine), a treatment of Alzheimer's disease.

Shire is still co-developing Reminyl with Janssen and will co-promote it with its partner in the UK and Ireland. Janssen will market it exclusively in other countries, except Japan.

The drug is going through phase III trials, whose results will be announced within 12 months. A phase III pan European trial showed "highly significant improvements" in patients.

Shire says its underlying performance is encouraging. Its product sales rose 18.5 per cent to $13.3m. Excluding a pre-tax loss of $0.6m from Shire Laboratories – formerly Pharmavene until it was acquired in March – the company's continuing operations achieved a pre-tax profit of $500,000.

Its direct sales and marketing operation in the UK reported an operating profit of $1.7m on sales of $10.8m.

The group's sales of prescription calcium supplements, used in combination with other drugs to treat osteoporosis, rose 31 per cent to $6m. Its share of the prescription calcium supplements market grew 12 percentage points to 63 per cent.

The group's research and development costs rose 32 per cent to $10.8m, 60 per cent funded by third party licensees.

It is co-developing Carbatrol, a controlled release formulation of carbamezepine, with US-based Athena Neurosciences, which is expected to launch the drug in the US early next year.

Lyrelle, an oestrogen transdermal patch co-developed with Wyeth-Ayerst International, has been approved in Finland and has applications pending in another 23 countries.

NMT Group to move plant

NMT Group is to move its plant from Strathclyde Business Park in Bellshill, Scotland, to a 24,000sq ft site in Oakbank, Livingston.

The news comes as NMT reported a first-half loss of $1.05 million – its first interim figures since its flotation on the Alternative Investment Market in April.

The group says it is on target to launch Zero-Stik, a safety syringe, before the end of next year. In July, it was offered up to $1.5m by the Scottish Office, under the regional selective assistance programme, which it will invest into Zero-Stik. NMT's cash reserves at the end of the first half were nearly $8m – it raised $10m from its flotation.

Alizyme's £1.26m loss

Alizyme reports a pre-tax loss of $1.26 million for the six months to June 30 – the company's first interim results since it began trading in June, 1996.

The group, which specialises in obesity, related diseases and gastrointestinal problems, spent more than $1m on research and development. It expects to spend more than that during the second half.

Its cash reserves are estimated at $4m.

Alizyme plans to have five drugs on human clinical trials by the end of 1998. These include ATL 101, a treatment for mucositis. Another is AZM-112 which treats irritable bowel syndrome.

The group is talking to potential partners for its programmes. It also aims to secure more funds by eventually obtaining a listing on the Alternative Investment Market.

Powderject announces £9.2m deal

Powderject Pharmaceuticals has signed a deal with Boehringer Mannheim worth up to $15 million ($9.2m).

Powderject is pioneering a system that enables drugs to be injected as powders, without using needles. Its deal with BM involves testing, developing and commercialising the injection of an unnamed protein.

BM will pay an undisclosed sum, milestone payments and equity investments. Powderject could also receive royalty payments.

BM will have worldwide marketing and commercialisation rights. The company will conduct clinical trials and supervise the regulatory applications.

Powderject floated in June with a 185p a share placing that raised $35m and valued it at about $110m.

Scotia sells Foscan rights for £33 million

Scotia Pharmaceuticals has sold the global marketing rights to Foscan, a potential treatment for cancer, to Boehringer Ingelheim for $33 million.

Scotia will also receive royalties equivalent to 22-25 per cent of the drug's sales.

BI plans to sell the drug in Europe and North and South America, while Kyowa Hakko, a leading Japanese pharmaceutical manufacturer strong on oncology products, will handle the marketing in Japan. Both companies will invest about $33m to help develop Foscan, which is due to be launched in 1999.

Cantab to build £10m R&D complex

Cantab Pharmaceuticals this week began to build a $10 million research and development facility in Cambridge Science Park.

The building will comprise 26,160sq ft of laboratories to develop protein and virus-based immunotherapeutic products, 18,840sq ft of offices for medical, regulatory affairs and administration, and a 4,300sq ft basement.

Trinity College, Cambridge, will pay $1.5m towards the costs. The college owns the land where the facility will be built and it will lease it to the company for 25 years.

CP is leasing a 20,000sq ft site in the Park, which it will surrender when it moves to the new building late next year. The company will also expand its staff to 200.

UK slimming sales set to leap 42pc by 2001

UK slimming and supplementary nutrition sales are expected to jump 42 per cent to $738 million by 2001, reports Euromonitor.

While some quarters claim the UK is becoming a nation of 'fatties', many consumers are still interested in healthy living and are willing to buy supplements to help them diet.

The market researcher's report, 'Slimming and Supplement Nutrition', states that the UK supplements market grew 9.6 per cent in real terms last year – much higher than the rate in the US, Italy and Japan, which were the only other key markets to experience real growth.

UK consumers will buy more supplements because they want to "age gracefully". The market was the second biggest in Europe last year. However, that still left it about half the size of that in Germany, which topped DM2,290m.

Japan is the world's largest market – worth $5,214m – followed by the US at $4,635m.

Sports nutrition and meal replacements (other than slimming products) are the biggest sectors in the UK slimming and supplementary nutrition market. Slimming aids is the third largest, as it is in the US, Germany and Japan.

Pharmacies and drug stores accounted for the bulk of vitamin, mineral and dietary supplement sales last year in most of the key markets. This is mainly because many of the OTC products were once Prescription Only and are therefore bought habitually at pharmacies.

Euromonitor's 'Slimming and Supplement Nutrition' is priced at $2,250. Tel: 0171 251 1105.

Slimming and supplementary nutrition sales, millions*

	1996	2001
France	3,439	3,400
Italy**	924	1,255
UK	518	738
US	4,635	5,911
Germany	2,290	2,325
Spain	36,253	36,358
Japan**	562	651

* National currencies at constant 1996 prices
** Billions

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For details and applications form, contact Mr N. W. Jess, Superintendent Pharmacist, Lindsay & Gilmour, 17/19 Smith Place, Leith, Edinburgh. Telephone daytime 0131 554 1551. Evenings after 7 p.m. 01324 554230.

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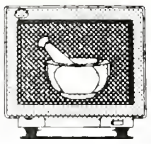

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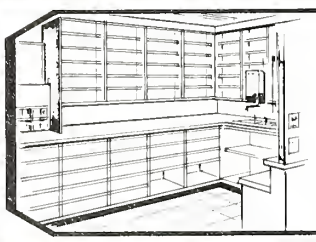

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SHOPFITTINGS

ABOUTpeople

Winning a packet in a packet

Pharmacist Illa Paun of Atkinson's Chemist in London and two other pharmacists narrowly failed to win $100,000 in a Nurofen prize draw at the Moat House Hotel in Nottingham last month.

Nevertheless, they all left Nottingham at least $1,000 richer. The three, who were drawn from over 2,700 pharmacist applicants, took part in a mini-draw between themselves, which Illa won, to decide who would take part in the final.

Illa was invited to pick one of ten envelopes, one of which contained a $100,000 cheque and the others cheques for $5,000. "It was great to have had the chance to win $100,000 and I'm very happy with the $5,000 I did win," said Ms Paun.

After the draw, all the envelopes were opened to prove that there was a $100,000 cheque in one of them. For possible future reference, the winning envelope was the one furthest from Ms Paun.

Pictured (l-r) are Dilip Vakani, Crookes' territory manager Mark Chance, Illa Paun, Crookes' territory manager Damien Butler, Paul Mayberry and Crookes' territory manager Roger Jones

Both runners-up, Paul Mayberry from Pontypool and Dilip Vakani from North Wembley, won $1,000, and ten others won $500 each.

YPG aims for modern image through sport

The Young Pharmacists' Group is portraying pharmacy in a more modern and dynamic way by recruiting sports stars to wear YPG logos in competition.

Among the sports people recruited to the cause are 18-year-old Kelly Morgan, the England under-21 female javelin champion, and Nick Roberts, 28, Wiltshire's former pool champion and runner-up in YPG's pool challenge trophy.

The brains behind the new image campaign is the YPG's public relations officer, Sultan Dajani, who says: "Getting young sportspeople to support YPG marries sports with health with pharmacy.

"Interest in the YPG logo has been fantastic. The public ask what the initials mean, which gives us the opportunity to explain what pharmacy is about.

"Some members of the public perceive pharmacists as boring individuals with no character. This is a move to make pharmacy trendy."

As well as the national and county sports stars, Mr Dajani has recruited his local pub's football club to wear tracksuits bearing the YPG logo. The team, from The Plough in Durrington, is not without its merits, however, it won the Salisbury and district league championship last year.

And how much has all this cost the YPG in sponsorship? "Not a penny," says Sultan, who later admitted that the football team received a complementary first aid kit for its support.

APPOINTMENTS

Former president of the Royal Pharmaceutical Society **Colin Hitchings** (right) has been appointed secretary of the International Pharmaceutical Federation.

AAH Retail Pharmacy has appointed **Nick Stokes** as director of marketing.

Healthilife has made **Clive King** its business development director and **Debbie Kellett** its marketing manager.

Generic wholesaler Freeman Pharmaceuticals has appointed **David Cuthbertson** as its national sales manager.

Dr Robert Dow has joined the board of Scotia Holdings as group medical and development director. He previously worked for Roche in Basel, Switzerland, as worldwide director of drug development.

CP Pharmaceuticals has made **Dr Karen Summers** and **Christopher Rawson** non-executive directors. Dr Summers was formerly managing director of a cardiovascular medicines consultancy and Mr Rawson a former purchasing director of AAH Pharmaceuticals.

Neuroscience company Cerebrus has appointed **Paul Cowan** as director of finance.

The Boots Company has promoted **David Stead** to director of finance for Boots the Chemists. **Jonathan Sinclair** has been appointed as director of finance of Boots Healthcare International.

The Day Lewis group, which runs 28 pharmacies and four opticians in the south east of England, held its annual managers conference at the Brighton Metropole Hotel on September 13-14. The company plans to expand to 50 outlets by 2000 and has begun running the Government's 'Investors In People' programme. Day Lewis' managing director, Kirit Patel, and buyer Taybi Mohamedbhai (standing l-r) talk to pharmacists and group members

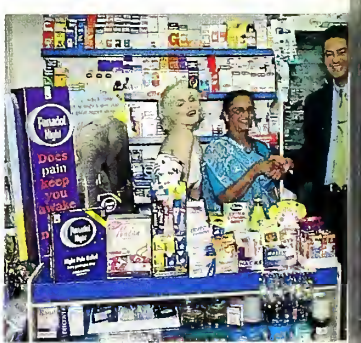
Seeing stars: Elvis spotted in 100 pharmacies

Elvis Presley and Marilyn Monroe have been spotted in over 100 pharmacies around the country.

Well, not the real Elvis and Marilyn. The lookalikes have been calling at pharmacies and quizzing assistants on their knowledge of Panadol Night, awarding the more knowledgeable with a box of chocolates.

Product manager for Panadol Night Mark Cooper says: "We used lookalikes to take the spying element out of mystery shopper campaigns. Smithkline Beecham is committed to informing pharmacy staff on developments in novel and lively ways."

Winners have also been entered into a prize draw for a safari holiday in Kenya.



L-r: Marilyn, Mrs Patel from Greenford Chemists in London, and product manager Mark Cooper

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Product Information: Presentation: Liquid wart remover containing salicylic acid BP 16.7% w/w, lactic acid BP 16.7% w/w **Uses:** For the treatment of warts **Dosage & Administration:** Apply daily to the affected areas only Children under 12 to be treated under supervision Not for children under 2 years **Contraindications & Warnings:** Duofilm should not be used by patients who are sensitive to any of the ingredients Do not apply to the face or ano-genital region. Avoid applying to surrounding normal skin. Inflammable. **Package Quantities:** Bottle containing 15ml. **Basic NHS price:** £1.95. **Legal Category:** P **Product Licence:** PL0174/0025R **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Wooburn Green, Bucks HP10 0AU **Date of Preparation:** July 1997.

Duofilm

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